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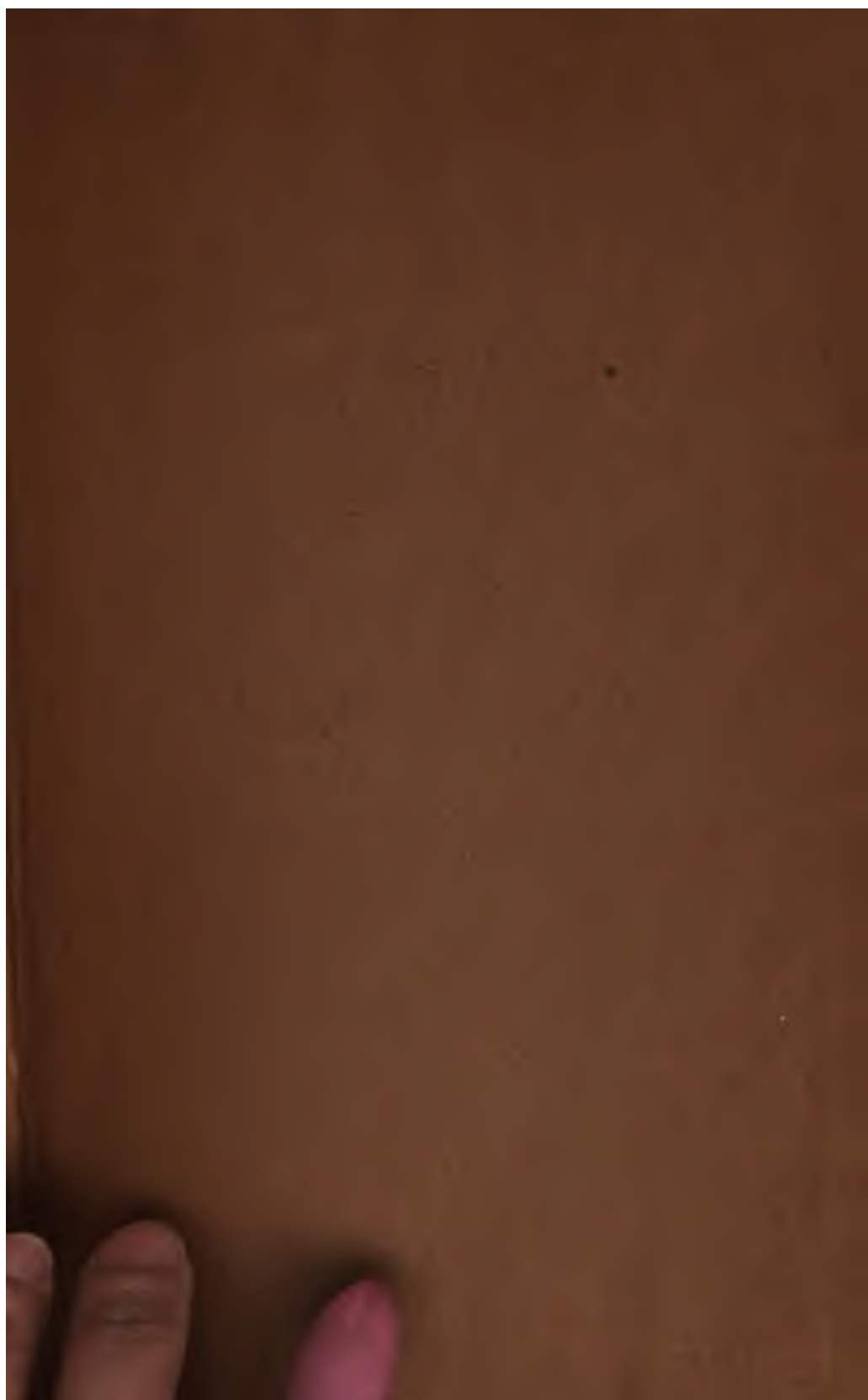
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STATE OF NEW YORK
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STATE BOARD OF CHARITIES
DIVISION OF MENTAL DEFECT AND DELINQUENCY



THE BUREAU OF ANALYSIS AND INVESTIGATION

The Problem of the Mental Defective and
the Delinquent

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TABLE OF CONTENTS

	PAGE
General organization and methods of administration....	5
Scope of the Board.....	8
Inter-relationship of types	10
Dynamic factors and symptom-behavior.....	15
Determination of types	18
Administrative — Institutional requirements	20
Classification	22
Facilitating admissions	27
Clinics	30
Form of Commitments	35
Sex Differentiation	37
Registration	39
Further institutional researches	48
Standardized data sheets	50

THE PROBLEM OF THE MENTAL DEFECTIVE AND THE DELINQUENT

A PLAN FOR THEIR DETERMINATION, REGISTRATION AND CARE

CHESTER LEE CARLISLE, M. D.

The plan herewith presented is believed to represent the modern consensus of opinion as to administration and methods of care of individuals suffering from mental defect and conditions allied to the psychoses and the psycho-neuroses, and those demonstrating by their symptom-behavior the various forms of delinquency and dependency. All the literature available on these subjects has been freely consulted, and if any ideas were found which had practical bearing upon the development of this plan as herewith outlined, they were incorporated, including any constructive thought outlined in official reports of various institutions. The experience of others has been taken advantage of and freely used so far as it applies to the needs of the State. This opportunity is taken to express our indebtedness to all those workers in this field who have gone before us, and who have left the imprint of their personality by ideas which have helped us of the present day and generation.

General Organization and Methods of Administration

The State Board of Charities under the Constitution of the State of New York consists of twelve members, one from each judicial district and three from the city of New York. From their number they elect a President and a Vice-President and are assisted in the general transaction of their affairs by the Secretary who is appointed by the Board.

The work of the Board is divided into four departments, viz: Division of Mental Defect and Delinquency, Division of Medical Charities, Division of Adult Wards, and Division of Children. Each of these divisions has its own superintendent who is assisted by a trained staff.

Disregarding the divisions other than the Division of Mental Defect and Delinquency, which concerns this paper only, it is seen that the Division of Mental Defect and Delinquency exists under the State Board of Charities and is governed through the direction of its President, the Secretary, and the special committee of the Board appointed by the President to look after the interests of the State in relation to the feeble-minded and the delinquent. It is to this committee that the superintendent of the Division of Mental Defect and Delinquency makes all his official reports. The Division of Mental Defect and Delinquency, therefore, is in direct relationship with the President, the Secretary, the Committee on Mental Defect and Delinquency, and with all the other organized divisions of the State Board of Charities. In this way it receives information concerning any facts of specific interest emanating from over 900 institutions in the State as observed by the other division chiefs, and is able to turn over to the chief of the Bureau of Removals information relating to cases coming under its supervision who are not citizens or residents of this State. With a general registration of mental defectives in action this feature of repatriation and return of improper aliens and non-residents will be able to save many thousands of dollars to the State.

The division heads have charge of all routine matters affecting the State Board of Charities in its relationship to the institutions under their departments, and as such are responsible for the proper inspection and visitation of such institutions and the making of reports to their respective special committees at the meetings of the Board. Incidentally the division chief makes daily reports of the needs and progress of the work to the Board through its Secretary in the office of the Board situated in the Capitol.

The idea of arranging the work in this way was that there might be some means by which a standardized level of general administrative policy of the various State and private institutions coming under the scope of the various divisions could be had.

The scope of the Division of Mental Defect and Delinquency may be summed up as comprising essentially; first, institutions for the care, treatment and training of male and female mental

defectives of the more benign or stable types; second, institutions or units of institutions having to do with the care, treatment and training of the unstable affective deviate types who may be (a) potential, or (b) actual delinquents; third, State institutions for the care and treatment of epileptics; fourth, private licensed institutions which care for mental defectives, epileptics or delinquents; fifth, suitable individuals, families or colonies which undertake the extra-institutional care of mental defectives; sixth, State clinics for mental hygiene (proposed); seventh, institutions for the care and training of the so-called normal type of delinquents.

The Division of Mental Defect and Delinquency includes within it the Bureau of Analysis and Investigation which should be considered as a nucleus for both a teaching and an investigating body. In order that the best results in relation to the problem of mental defect and the defective delinquent may be realized to society, it would seem very desirable that this authorized State unit should be enabled and equipped to train the field workers of all institutions or clinics coming under the jurisdiction of the State Board of Charities, in addition to those supported by the State, in the special lines which will be of scientific and sociological value to the State and to this Department through their later cooperation. We could thus benefit by the fruits of their labors and a general esprit de corps aroused in all co-workers in this field. Philanthropic endeavors and private clinics would thus benefit by the constant relationship of these units to the State's official activities. As an investigating body the Bureau of Analysis and Investigation of the State Board of Charities will, through the members of its staff, endeavor to ascertain by actual survey and clinical contact those facts which are of sociological or pathological importance in the causal constellation of mental defect, delinquency and dependency. This division should have supervision over the activities of field workers connected with clinics as established in conjunction with the State institutions for the mentally defective or delinquent, both when established locally and when situated at some distance from the institution, including those field workers connected with the State Clinics for Mental Hygiene. The Bureau staff would as a

teaching body give intensive training to all new recruits, particularly training them as to standardized means and methods of obtaining and recording facts, so that the total findings and statistics of all would be properly comparable. The object of such centralization of clinic supervision is to assure that at least a certain minimum of standardized work shall be performed; but there is nothing contemplated in this plan which would prevent the essential autonomy of such a clinic if the director displayed the proper interest and initiative. The Bureau staff would, under direction, make special surveys and investigations as local conditions demanded and which proved beyond the powers or capabilities of the local district field workers. Bulletins containing scientific articles, surveys and similar matter covering the work accomplished will be issued as formerly by the Bureau under the direction of the Superintendent of the Division of Mental Defect and Delinquency.

Special inspectors are in the employ of the State Board of Charities who make the routine inspections of all the institutions under its jurisdiction. These inspections are independent of inspections made by the Commissioners of the State Board of Charities or the Division Superintendent. In this way the work of inspection is always adequately carried on and at the same time is under a proper and adequate checking up system.

Scope of the Board

The Constitution of the State of New York: Art. 8, Sec.11. The Legislature shall provide for a State Board of Charities, which shall visit and inspect all institutions, whether state, county, municipal, incorporated or not incorporated, which are of a charitable, eleemosynary, correctional, or reformatory character, excepting only such institutions as are hereby made subject to the visitation and inspection of either of the commissions hereinafter mentioned, but including all reformatories except those in which adult males convicted of felony shall be confined; a state commission in lunacy which shall visit and inspect all institutions, either public or private used for the care and treatment of the insane (not including institutions for epileptics or idiots); a state commission of prisons which shall visit and inspect all insti-

tutions used for the detention of sane adults charged with or convicted of crime, or detained as witnesses or debtors.

Section 12: The members of the said board and of the said commissions shall be appointed by the governor by and with the advice and consent of the Senate.

In regard to the possibilities for supervision comprised within the title of this board: It is not necessary that institutions should be wholly charitable to fall within the provisions of the Constitution (Art. 8, Secs. 11-15) and the statutes (L. 1895, Chaps. 754, 771) placing charitable institutions under the supervision and rules of the State Board of Charities. Court of Appeals, October 1897, *People ex rel. the New York State Institution for the Blind v. Fitch*, Comptroller of the city of New York, 154 N. Y. 14.

The mere fact that an institution is partly educational does not exclude it from the provisions of the Constitution and statutes placing charitable institutions under the supervision and rules of the State Board of Charities. *Id.*

The fact that institutions for the instruction of the blind are subject to the visitation of the Superintendent of Public Instruction (L. 1894, chap. 556, tit. 15. art. 14) does not prevent such an institution from being charitable in its character and purpose, and hence also subject to the visitation of the State Board of Charities. (Const. art. 8, sec. 13). *Id.*

The provision of the Constitution (art. 9, sec. 1) that "the Legislature shall provide for the maintenance and support of a system of free common schools," relates only to public or common schools of the state and has no application to appropriations made by the state to an institution for the education of the blind, wholly or partly under private control.

Const. art. 8, sec. 14: "Nothing in the Constitution contained shall prevent the Legislature from making such provision for the education and support of the blind, the deaf and dumb, and juvenile delinquents, as to it may seem proper; or prevent any county, city, town or village from providing for the care, support and maintenance and secular education of inmates of orphan asylums, homes for dependent children, or correctional institutions, whether under public or private control. Payment by

county, cities, towns and villages to charitable, eleemosynary, correctional and reformatory institutions, wholly or partly under private control, for care, support and maintenance may be authorized but shall not be required by the Legislature. No such payment shall be made for any inmate of such institutions who is not received and retained there pursuant to rules established by the State Board of Charities. Such rules shall be subject to the control of the Legislature by general laws." *

Study of the wording of the Constitution so far as it relates to the State Board of Charities inevitably brings one to the conclusion that the people of the State of New York at the time of the adoption of the name "State Board of Charities" had in mind a title the meaning of which would embrace all of the particular activities of the State having to do with those citizens who by reason of various types of physical or mental handicap needed special care, excepting the type commonly known as the insane, and the other type of anti-social offender commonly known as the criminal, needing care in a penal institution. These were specifically excluded.

Inter-relationship of Types

At the time of the adoption of the title of this board the world at large, and even those most expert in the care of mental and physical disorders of the human race, held views on this matter which were far more circumscribed than those of the modern thinker of to-day. Increasing knowledge in medico-psychological and sociological fields has clearly pointed to the inter-relationship of all causes which either directly or indirectly lead to the lowering of mental or physical efficiency in the individual with inevitable and concomitant social loss to the State. Physical disease is not merely something of clinical interest which one may acquire through microbic invasion, but has associated with it an economic prognosis which may be measured fairly well in terms of resistance of the individual in a biological sense. This capability for resistance to disease is dependent upon many factors, both pre-natal and post-natal. In other words the continued efficiency of the individual as a social unit depends not only upon

* Report, State Board of Charities, vol. III, 1914.

his freedom from a physical disease per se, but also upon his inborn powers of resistance to combat the effects of the microbic invasion causal for the disease. This latter depends upon factors some of which are laid down by ancestors, others by pre-natal, natal and post-natal factors of environment affecting immunization, sensitization and all other bio-chemical forces which are energized for proper physical development.

Throughout the past ages it has been habitually customary to think of "charity" as a word used in relation to those who had become unfit through the development of physical disease or handicap and it is only within later years that we have begun to realize that mind, and all those reactions of the human subject known as mental processes of which the ultimate is shown in the conduct of the individual, is not of a sphere totally unrelated to the physical, but that on the contrary the organs responsible for normal mental reactions have their growth, development and functioning ability correlated to the other organs of the body which have heretofore been considered more specifically in a sphere other than mental. In other words, adequate mental development depends upon adequate physical development and their absolute correlation must be in perfect harmony if the individual is to continue as an economic factor of value to the State. The loss or crippling of one of our organs or faculties inevitably upsets to a certain extent the harmonious inter-action of the other organs of the body, and continued existence is possible only after a definite readjustment has been made. In all cases such a readjustment while affecting the actual physical side of the personality, finds its reflection in the mental reactions as well. The readjustment always connotes stress engendered by the necessity for handling the problem.

Physical disease or handicap reduces the economic value of the citizen in ways, which because they are obvious, have been long understood by the public as needing attention and help on the part of the State or the philanthropic public in general hospitals. In a similar way we find in another department a special division for the care of the aged and those who have become enfeebled through ills associated with senescence. Because this enfeeblement of the physical faculties has been essentially

physiological in its development, apart from those disorders acquired through accident or microbic invasion, the State has placed them in a different category. It has only been within a comparatively short time that senility has been recognized as something not fixed or definite due merely to age alone, but that underlying the natural tendency to physical disintegration with advancing years, there is a variable factor of individualistic organ weakness in a broad sense, so that it has been truly said some people grow old sooner than others apparently living the same lives and having the same stress. Here again appear the effects of definite tendencies, particularly in the vascular apparatus, transmitted in germ plasm which do or do not make for continued efficiency of the human machine under like conditions of stress. Such deviations probably account in a similar way for the fact that certain types of individuals are more susceptible to specific stresses, as for instance particular susceptibility to the influence of alcohol or the tendency to develop individualistic mental and physical reactions to bacterial toxins or other poisons, either exogenous or endogenous.

The needs of those suffering from deprivation handicaps, such as the blind and deaf, must be taken into account by the State. Their needs for education and individual development are perhaps even more insistent than the needs of the ordinary individual. On account of their peculiar handicap they require special provision for their instruction and maintenance, which the State gladly provides. In furnishing such specialized instruction it merely uses those pedagogic instruments which are necessary to the task at hand, and therefore the idea of "charity" is not considered, but nevertheless because it is necessary for the State to educate the blind and deaf in ways other than it does those children who are not so handicapped and are able to live at home, the State feels that it has the kindly right to place them under the care of a Board which it designates as having supervision over all its wards other than those definitely insane or anti-social.

The problem of the mental defective is perhaps on the whole the greatest problem which this Board is called upon to supervise. When all is said and done, the care of those having physical

handicaps, while meriting the tenderest solicitude on the part of the State, is by far of much less significance to the future economic welfare of the body politic than is the detection, elimination, segregation, and care of the potential or actual mental defective or defective delinquent.

Conduct may be broadly considered as indicating the sum total of a patient's efficiency as a self-supporting unit of society. On the whole we may feel rather sure that when any individual who by reason of his conduct comes before the notice of this Board, as a potential or actual patient or inmate of one of its institutions, he is by that mere fact alone to be considered as having already exhibited certain signs pointing to definite economic wastage. This should cause us to be on the alert and to see that such an individual is adequately examined in the mental, physical and economic sense, in order that the State may be protected from the consequences which will inevitably result should he be allowed to proceed with life's activities without proper investigation, treatment, and subsequent supervision.

We know now not only in an academic way but in a very practical way that all individuals who show more or less mental defect present specific problems to the State which must receive adequate and scientific solution.

If conduct is to be considered in a broad way as the final resultant of mental reactions carried out through our physical agencies, then we begin to understand how an individual showing anti-social trends as the result of inadequate reactions to mental conflicts becomes delinquent. By the fact of odd conduct alone he indicates that he is suffering, in a modern sociological sense, from either a mental or physical malady and it is the eminent right and high duty of the State to ascertain just what this abnormal condition may be. It is possible that the disorder is something essentially acquired in the connotation of "disease" and may, therefore, be removed under proper treatment. On the other hand it is highly probable that many of the deviations in conduct observed are due to deep underlying forces leading back not only from ancestors but to pre- and post-natal environment, whereby the individual, through defect or deviations in personal make-up, has been unable to make adequate adjustment to the problems of life as he in his "personality" found them,

and through a faulty mechanism of adjustment to the situation at hand has developed the odd or anti-social conduct which brought him to the attention of the State.

Epilepsy is a condition due neither to mental defect per se nor yet to a psychosis, but it has problems related to personality along the same lines. The convulsion may represent a climax expressed in actions (symptom-behavior), which the patient either psychologically or physiologically was no longer able to manage in an adequate and therefore "normal" way. This type of reaction is specifically differentiated from certain inadequate reactions of mental defect and from a psychosis. Epilepsy represents a special reaction of a special type of personality under a special type of stress. Such a personality can further become specifically psychotic and then only should be called insane. On the other hand while the whole epileptic complex when not definitely organic is developed on the basis of specific deviations of the personality, such a personality may, nevertheless, be more or less originally defective in quantitative intelligence capacity.

Of the insane and criminal types nothing is here noted as they do not come under the purview of this Board. Suffice to say that both the psychotic and criminal develop their conduct largely upon the basis of an abnormal personality showing peculiar reactions under particular stress. Thus it is seen how all the various conditions of mental defect and mental disorder are inter-related. Before the requirements of each of these classes can be definitely understood we must study the intimate personal needs of the individual patient in order that we may grasp the ultimate needs of the class of which he is a type.

In dealing with the personality of any individual it must be remembered that in the mental field we are not only dealing with intelligence in the quantitative sense, which is present to varying degrees in all individuals from the lowest idiot to the highest type of efficient citizen, but that also we must always take into consideration the affective factors; those dynamic forces of the personality which determine the "temperamental" reactions. The affect furnishes the driving power for attaining the wish-trends of intellectual ideation. By the combinations of these two mental processes volition arises and conduct is determined.

In the modern sense of medico-sociological work, the scope of the State Board of Charities is now a thousand times greater than it was considered to be when its title was given it. "Charities" now connotes economic welfare for the citizen unit, the determination of ways and means for social betterment, the widening of the vision of the State.

Dynamic Factors and Symptom-Behavior

The forces of heredity have been widened in their significance by the investigation of later years. We no longer think of inheritance of similar characteristics as such but rather that the presence or absence of certain specific determiners in germ plasma leads to the development of individuals destined to produce certain types of reaction in symptom-behavior. This is the meaning of conduct, broadly considered. For instance, we do not expect that the children of parents having dementia praecox will necessarily develop dementia praecox per se, but rather that they will receive such a combination of unit characters from parents and ancestors that they will develop personalities which are potentially capable of developing a mental reaction of a psychopathic type which may or may not be a psychosis typically like dementia praecox. While there are many combinations affecting the ultimate grouping of determiners which fix individual "personality," yet one must learn to think in terms always inclusive of two certain fairly definite things when thinking of problems involving mental hygiene. There is in the place of first importance the factor of mere quantitative intelligence capacity. This when present as an uncomplicated situation produces the type of mental defect sometimes spoken of as the benign or stable form. The other factor is that which embraces all those qualities which we have in times past considered as under the "temperamental" field. Certain types of mental reaction we now feel are due essentially to deviations in this, the affect component or personality whereby, through diminished powers of inhibition, the dynamic driving force for the attainment of ultimate subconscious wishes and the adjustments to mental conflicts upon which all our actions depend is made extremely variable and shows as unstable conduct. All this has great practical value from a sociological standpoint as it is the factors derived from a primitive association of ideas

(field of quantitative intelligence capacity), linked up with deep instinctive motives and driven by an affect component lacking in inhibitory mechanism which cause individuals to arrive at inadequate or odd deductions with resulting imperfect formation of judgments which in reaching final conclusions abnormally fashions the handling of their problems of everyday life. As a result of this we see such individuals eventually coming into conflict with organized society. This is the origin of symptom-behavior which society calls anti-social conduct.

The early recognition of affective deviations, especially in individuals without marked defect in quantitative intelligence capacity, is of the utmost importance as it affords a practical means whereby *potential* delinquents can be ascertained and weeded out from their companions early in their career.

In addition to reactions in symptom-behavior of the more purely anti-social type there are others rather more obscure, but nevertheless quite demonstrable under trained observation. The specific factors upon which these deviation types depend are those determiners, or more properly speaking, *lack of adequate* determiners (recessive condition of a heritable unit character), which unfits the individual for making adequate adjustment to reality as it exists in his environment wherever he may be. Such an individual finds himself, as does everyone, in unceasing conflict with reality (the world, carrying all exogenous causal factors), but through innate lack of ability to make adequate readjustment his symptom-behavior shows that he of necessity adopts an imperfect mechanism of a substitutive or compensatory character. Such individuals may early show quite plainly a tendency to day-dreaming and toying with the projection of their fancies and wishes as though they were in fact accomplished realities. These fancies are at all times closely bound up with the instinctive life of the individual, and particularly underlying all do we find them associated with the great primal cravings. For reasons probably associated with developmental bio-chemistry the peculiarities of symptom-behavior which any individual may eventually demonstrate are prone to develop during the periods of the greatest physiological-developmental stress, namely puberty, when the individual throws off the familial ties and

essays the world as an independent unit, and again the period of later adolescence when the sex problems approach first in the abstract and courtship is at hand, and again later when sex problems are in the concrete during early adult life, and again after marriage has been consummated when there is a definite need for healthy readjustment to the sex problems now fully opened up. There is yet another period later in life showing great psycho-physiological stress. It occurs in all individuals from forty-five to fifty-five years of age, when nature has finished with active plans for reproduction and there appears the beginnings of physiological decline. This period may be comparatively short with those who are able to make adequate adjustment, but if complicating physical factors exist, as for instance a cardio-vascular-renal complex, readjustment may be retarded or made impossible and the patient enters prematurely into the period of senescence, which under these circumstances may be considered to be something more than the ordinary physiological decline due to advancing years. The cardio-vascular-renal complex represents an example of specific organ weakness (possibly dependent upon definite heritable unit characters which lay down organs which would easily succumb to either exogenous and endogenous causal factors) and we therefore are able to discover certain definite mental reactions appearing as the result of psycho-physical organ tendencies which we would ordinarily not expect to find in mere physiological or "normal" senile decay.

Through the inter-relationship of all these heritable factors which enter into the personality make-up of any unit of any certain family, one sees how by changing the number and value of determiners, a certain family tree may show one or all of the various types of mental defect or mental disorder, either in the sense of quantitative intelligence defect, affective imbalance, epilepsy (psycho-neurosis), or the more pronounced make-up deviations expressed as a constitutional type of psychosis, or in delinquency or dependency (inadequate economic reactions). In fact, any single individual may show the combination of one or more of all these symptoms. Further, there are all degrees of varying combinations in any such individual in a quantitative sense. Between "intellect," concomitant "affect," and "physical"

organ strength there are illimitable mathematical combinations. By these differing combinations the physical appearance, intellectual efficiency and temperamental variations of our world of people are produced.

Disregarding those cases distinctly psychotic and now cared for in the state hospitals for the insane, and those cases distinctly anti-social but not essentially psychotic, who are now in penal institutions, I would draw attention to those cases of a rather milder type of anti-social conduct which we are accustomed to designate as the ordinary delinquent. The majority of these find their way into the various types of reformatories.

Determination of Types

Of all those individuals who through mental defect or delinquency need care on the part of the State, and who, therefore, specifically come into the field of the State Board of Charities, it is obvious that there will always be considerable practical difficulty in ascertaining the exact number who require legal commitment and indefinite custody and care on account of mental defect alone. The determination of such individuals, particularly the border-line cases, cannot be made by any one test nor at times even by a series of tests, but can be adequately made only after prolonged and thorough investigation of the whole family and personal history. The latter must take into consideration both mental and physical developmental defects which preclude proper advancement in scholastic work and place the limits of the individual's economic capacity largely within the manual field. After all, the question resolves itself largely into one concerned with genetics and sociological results. In a sense the State is not particularly interested in the individual even though he may seem mentally deficient, provided his affective reactions are stable and his conduct exemplifies constructive economic efficiency, even though in humble measure. So long as he does not, through conspicuously bad mating, increase the virulence of his strain in the body politic, and develops no other attitude definitely anti-social, his mental defect is of academic interest only. Such stable types of mild mental defectives are found doing the humble work of the world and have a distinct value in our social structure.

Nevertheless, the State has the right to know and it is its duty to ascertain the exact number of all such types so far as possible, in order that it may record their whereabouts and curb the possibilities of their developing by indiscriminate mating geographical foci of mental defect. To this end there is the pressing need of a system of State-wide registration to be described later.

The percentage of actual mental defectives in any average community will vary to some extent with the type of tests used, and whether or not the findings of such tests are accepted at their face value or are interpreted more broadly in the light of the general habits and characteristics of the patient's past life. The depth of psychological and psychiatric insight which the examiner possesses will also influence the result to some extent, but let it be remembered that while some figures seem perhaps rather too high and some authorities might question the fact of actual mental defect in such figures, nevertheless, the presence of certain symptoms as indicated by failures on tests warn us that the individual has potential economic failure ahead of him. Later failures in real life will be due to inadequate reactions to reality in just the same way as the minor failures of the mental test indicate an inability for adequate reaction, of slight value though it may appear to be. It is well, then, to realize that while from a scientific standpoint rather high percentage figures are obtainable in relation to mental defect, yet from the standpoint of this Board and the general public it must be borne in mind that all such individuals are not therefore destined for an institutional career. The problem, therefore, is not as appalling as it would first appear. This at once brings us to the consideration of those individuals who will not need institutional care and yet are recognized as potential failures in the social scheme. They will need specialized advice, constructive assistance and perhaps occasional periods of treatment. It has been planned to meet these demands in the State system of clinics for mental hygiene which is referred to further on in this paper.

One of the most painstaking surveys ever conducted and apparently done with great candor and frankness to all parties, was that made by the Royal Commission of Great Britain in 1909. Their figures show that about 1 in every 217 persons in the

population is feeble-minded. In 1915 the New York Commission to Investigate Provision for the Mentally Deficient placed the ratio at 1 in every 242 persons. In 1916 an intensive survey of Nassau county, New York, was made under Dr. A. J. Rosanoff, wherein for the first time the most modern psychiatric as well as psychological methods were used. The findings in this survey place the number of mental defectives as 1 in every 183 people. We have, then, based on these figures, estimates which place the total number of mental defectives in the State of New York, as varying from 40,000 according to the findings of the New York Commission to Investigate Provision for the Mentally Deficient, to 45,000 under the figures recommended by the Royal Commission of Great Britain, and finally those of the intensive survey of Nassau county, New York State, having its population both in an urban and rural environment, which brings the tabulation up to the unprecedented figure of 1 in 183 persons, or 53,000 for the whole State. The more intensive the survey, the higher we see the percentage figure rise.

Some interesting side-lights have developed in the survey of Nassau county.* Two important points are worthy of especial mention; first, that mental defect may perhaps best be viewed through the evidence of conduct; and secondly, that the more marked types of mental defect in children are not found as pupils in the public schools.

Administrative-Institutional Requirements

From the standpoint of future provision for the institutional care of mental defectives under the purview of this Board, two classes of mental defectives must at all times be remembered, namely the stable or benign type and the unstable or affective deviate (potentially) delinquent type. When provision is made in the existing institutions for increased capacity for the benign types, the plans must be made with the idea in view of developing special or independent institutions for the care of the delinquent affective deviate types. Notwithstanding our best efforts at classification, a realization must be maintained that there are border-line cases which it will be difficult to place in a manner

* See full report of this Survey *National Committee for Mental Hygiene*.

satisfactory to all concerned. For these reasons it is seen that an easy method for the transfer and rearrangement of admissions from an institution of one type to an institution of another type must be developed in order that the proper classification of the mentally defective may be consistently maintained. To this end the necessity for a simple transfer system is apparent. The object of affording institutional care and extra-institutional oversight to the wards of the State is that the individual who is too defective to profit either by schooling, through mental or physical defect, or comes from a home governed by defective parents, may receive the attention which his case deserves. The benign type of mental defective is frequently the victim of the more active delinquent type and thus led into crime through simple childish inability to sense the meaning of his conduct. In an analogous way the benign types of young female defectives are led astray through pure ignorance, while the affective types among them become the more active and daring associates of male criminals. The affective deviate who becomes the delinquent furnishes further problems in the way of emotional imbalance, tantrums and moral obliquities which require special forms of treatment and sequestration quite different from that which is given the simple benign type.

As might be expected, substitutive reactions in mental defectives are extremely common, particularly among the affective deviates and thus is recruited the vast army of alcoholics and drug addicts. With the further development of the care of the mentally defective of all types, the benign should be separated from the affective or more malignant types wherever they are found, whether now in the State institutions for the feeble-minded or the institutions for the delinquent, or the more definitely criminal types found in the penal institutions.

Mental defect being an arrest of development produces in the adult individual a person whose primitive instincts are at all times present but without the inhibitory control which would have developed if his physical progress had been adequate in all fields. It is seen then how the sex question is at all times prone to be much in evidence and is at the bottom of many of our most acute practical administrative problems. It is simply one of the facts

to be faced but not exaggerated, and while due regard must be placed by any administrative service on the necessity for separating the sexes except under supervision, this is to be done largely in the case of the delinquent only; for with other types any permanent separation of the sexes for what amounts to practically a life-time is liable to defeat its own ends. It is probably better, therefore, that institutions, particularly those dealing with the benign forms of mental defect, should consist of architectural units, one group adapted for women and one for men, but separated by a considerable space of campus, and unofficial entrance of one sex into the buildings of the other sex precluded. In this way the older women can care for the younger children of both sexes under definite supervision and a more homelike atmosphere developed. Naturally the outside agricultural and shop work will fall more to the men but the women are also benefited by such efforts as well as by the more usual domestic duties. In the matters of recreation and amusements a certain amount of supervised commingling seems to reproduce better the more natural components of human life.

In that portion of the institution where essentially hospital, bedridden types of cases are kept and where individuals are in bed from intercurrent physical diseases, a higher system of nursing care should be instituted in our institutions than has been the custom in the past. Training schools should be established in order that in addition to the ordinary training with which nurses are usually equipped each nurse could have a special course under the local staff, in which the fundamentals of psychiatry and the psychology of defectives would be given, in order that they might have an intelligent and sympathetic insight into the needs and requirements of their charges, particularly when called upon to nurse those patients whose transitory upsets require modern psychiatric treatment.

Classification

A definite system of classification according to degree of quantitative intelligence defect should be maintained and this should be the criterion for diagnosis when placed upon the State registration cards. The classification adopted by the American Association for the Study of the Feeble-minded seems very

desirable. This classifies individuals as, (1) Idiots, with a mental age of I to II years, and comprises those who are quite incapable of any scholastic or vocational training whatever; (2) Imbeciles, which includes individuals of a mental age of III to VII years, inclusive, and takes in those who can be trained only in simple manual work but have very little capability for any scholastic advancement and who when they do learn a little something in the way of scholastic knowledge never voluntarily make any use of it; (3) Morons, who will show a mental age from VIII to XII years, inclusive, and often will display rather surprising aptitude at scholastic work and become rather adept manual workers in vocational ways. However, the one great outstanding fact about a moron is that however clever he may appear, yet he consistently shows his mental defect by his failure to advance beyond the age level given and in all cases has difficulty or is quite unable to plan.

Those mentally defective through deprivation of special senses need not be mentioned here except to say that their peculiar needs will necessitate special institutional and teaching facilities on the part of the State, and in order that the child may be benefited to as great an extent as possible such teaching should begin as early as practicable.

In considering the whole question of the mental defective it must be borne in mind that those persons commonly spoken of as "the poor" or the "dependent," those whose conduct shows economic inefficiency as the outstanding feature, are at once placed under suspicion. After a psychosis has been definitely excluded, including substitutive reactions such as inebriety, drug addiction and similar conduct, the fact of their economic inadequacy points to mental defect in some of its phases and should be investigated by the State and the fact of defect of either simple or affective deviate type duly registered. In the same sense those institutional types of dependency found in almshouses should be specifically examined, for without much doubt it will be found that after excluding those cases who reached the almshouse through purely fortuitous circumstances and untoward adversity, the remainder can be demonstrated as essentially mental defectives. Even when the defect is apparently physical, the incapacity can

frequently be traced to the sphere of defective mental reactions (organ weakness of the developmental type). Naturally the majority of those appearing in the senile group would be found to be of the benign type as shown by their quiet, stable conduct of many years previous to entering the almshouse; the fact of deterioration being excluded.

When we come to the question of the delinquent we step into the field of the mental defective showing outstanding affective deviations and emotional imbalance through deficiency of inhibition associated with bad handling of mental conflicts. For years the feeling has been growing that many of our criminals were not responsible for their acts. As a result of this feeling State hospitals were created for the care of insane convicted criminals and accused persons found to be insane previous to conviction and sentence. Later figures seem to show that while a certain fair percentage of definitely adjudged criminals are psychotic, yet there is an even greater percentage who are definitely mentally defective, some in the benign form and some in the malignant or affective deviate types. In no other way could the recidivists be explained. All of this shows the useless task of attempting to "reform" individuals showing conduct dominated by anti-social tendencies when such conduct is dependent upon inadequate mental reactions for which they are not responsible, being unable to control the vicarious direction of their imperfectly developed concepts. More and more it has been felt that particularly among the young and less experienced type of criminals such factors were at work. Surveys of reformatory institutions for the delinquent vary in a rather startling degree but on the whole the figures are not as wide apart as they at first seem. In the first place it may be considered in a broad way that, outside of mere coincidence and an occasional miscarriage of justice, the average individual who appears before a court, is by that fact alone shown as an actual or potential delinquent. He has already demonstrated that in his mental reactions he has found an inherent difficulty in adjusting himself to the demands of society. All of which, when not actually due to a definite psychosis (which is comparatively rare), is due in large measure to mental defect of varying intellectual intensity or affective deviation, or a combination of both. The mere fact, then, of his presence

in court places him, in a sense, within the figures of the defective delinquent for institutions of this type and when we see the figures of intensive surveys of such individuals which indicate the percentage of gross intelligence defect cases, we should think of them as showing simply those types of mentally defective delinquents most obvious to the ordinary critique. As a consequence, such figures will vary according to the time spent on each individual and the scope of the investigation. Figures on mental defectives in 1917, by Emma O. Lundberg, Children's Bureau, United States Department of Labor, showed in "A Study of Mental Defectives in Newcastle County, Delaware," that 35% were also delinquent. To put it another way, Dr. Christian of Elmira Reformatory places 29% of delinquents in his institution as definitely feeble-minded. It would seem that from 33 to 40% of all delinquents apprehended (with or without conviction) are mentally defective when examined either by the courts or after entering reformatories. No doubt penal and reformatory institutions represent an accumulation of the more "vigorous" anti-social types which come into conflict with society, and therefore represents the percentage of the feeble-minded with delinquent tendencies appearing before the machinery of the courts, but not the percentage of all those who are undetected in the community. Figures from probation officers show in the neighborhood of 20% of paroled individuals as being more or less feeble-minded, although Dr. W. L. Treadway of the United States Public Health Service in a survey in Springfield, Ill., in 1914, felt that of all individuals coming before the juvenile court, "30% were mentally defective." Higher figures than these may be obtained if specific personal factors are accepted in the critique for making observations. In fact one is tempted to feel that some of the institutions for delinquents could best and more easily subserve their ends if the so-called "normal" types were removed and the institution left to care for the abnormal remainder, the majority of whom seem to be of an undoubted mentally-defective, affective-deviate, delinquent type. In all such institutions it is the unstable, emotional reactions of the defective deviates which make so much trouble in the administration of these institutions and which adds to the discomfort of all who come into contact with them. For these reasons institutions for the care of the

defective delinquent should be fitted with special psychiatric wards for the temporary care and treatment of such cases, which should be under the supervision of trained nurses and a physician of experience in this class of work. As this kind of an institution would necessarily have a stricter disciplinary routine than the ordinary institution for mental defectives, and on account of the history of sex offense and crimes against both person and property, it would be necessary to curtail the privileges of the inmates to a considerable extent and in order that the best interests of all might be conserved it would be advisable to completely separate the sexes and keep them entirely apart. It has been estimated that there are several thousand mental defectives now undergoing sentence in our various penal and correctional institutions. It is obvious that such cases should be removed to proper institutions. Wherever such institutions do not now exist they should be created.

The laws recently enacted which enable the Department of Education to maintain special classes for children three or more years retarded in school, will no doubt greatly assist the State in determining the number of mental defectives now in the schools, and out of this number differentiating those who are able to make some advance in scholastic work and those who are able to make none. Many of these backward children will be of the benign type, others will show more malignant symptoms, with consequent deviations in symptom-behavior, difficulties in conduct and collision with the law. Looking into the future we can see that there will probably come a time when after the lower grade, simple defectives have been placed in one type of institution, and the delinquent defective placed in another type of institution, it may be necessary to have a few institutional units wherein high-grade, border-line cases of mental defect may be cared for, who because of their peculiar personality are unable to get along in the public schools even though in special classes, and yet are not of a sufficiently defective type to warrant their commitment either to an institution for the lower grades of mental defect or the defective delinquent as ordinarily considered. Such special institutional units would constitute in a broad measure special types of boarding schools where scholastic training would be

given to the extent of their capabilities, where a personalized vocational training in contradistinction to ordinary manual work would be developed to its highest possible extent, and where through a period of residence during the critical adolescent period, hygienic habits of thought and adequate reactions for useful conduct could be fostered so that such an individual, although always an economic liability to the State and probably a potential delinquent, might still be able to take his place in society under favorable conditions and remain a useful citizen.

Facilitating Admissions

In making plans for regulating admissions of mental defectives to either State or private institutions, several points must be kept in mind. On the one hand are the constitutional limitations and safe-guards which are accorded all citizens, by which no person can be deprived of his liberty without due process of law. On the other hand we wish to so facilitate admissions that the public will learn to look upon the institutions as a means whereby the handicapped individual is accorded a better and happier mode of living than when in the outside world, rather than as a place wherein he is to be deprived of liberty. Therefore while his constitutional rights must at all times be preserved he should nevertheless be able to take advantage of the State's provisions for the care, treatment and training for members of his group through the possibility of entering such institutions voluntarily. With the disappearance of the present day ignorance of mental defect the greatest opportunity of the State will be in fostering such an attitude of confidence on the part of the public.

For many years there has been a feeling that a sinister cloud is attached to all those who enter State institutions and it is only by developing the idea that State institutions afford splendid specialized schools, homes or hospitals for the mentally handicapped, rather than gloomy places of sequestration, that we will be able to remove from the mind of the public this idea of "stigma." The institution, through its staff and clinics, should be looked upon as the helping hand of science reaching out into the community to assist those who are unable to further help themselves. Therefore, in order that admissions may be facilitated both from the standpoint of the institution and from the

standpoint of the public, it would seem wise to divide admissions roughly into two classes: first, those who, owing to gross mental defect show inability to grasp the real situation and to develop any insight into their own condition. These need a commitment covering the legal necessities of the case whereby they may be retained even against their will until such time as the institution staff believes it advisable to discharge them. Secondly, for those cases who through insight or desire on the part of parents, guardians or themselves wish to enter the institutions voluntarily, a means should be provided which allow them to do so. Patients entering institutions under these circumstances do so because they recognize the possibilities it holds out to them and are at the opposite pole from those persons who look upon the institution as carrying any stigma. The mental grasp of such persons should be encouraged by being given the right and privilege of entering the institution when they demand it, without further legal formality other than a written request presented to the superintendent.

It is obvious that as means are developed for the rapid detection and future determination of the careers of mental defectives as they are found, it will be necessary to provide means to facilitate their admissions to State institutions without undue delay. To this end it would seem very desirable to have legal authority as to the right of admission of any patient vested in the superintendent alone, subject to the general visé of the Board of Managers, in order that cases may be admitted at once upon presentation of their commitment, either of the voluntary or judicial type. It follows that the superintendent should have power to refuse admission to any patient whose commitment or application form is illegal or whose mental condition is such that he does not fall within the mental types for which the institution is designed, or whose condition does not demand institution care. The admission being demanded upon a judicial commitment, the superintendent should still have power to refuse admission to such patient unless the commitment is in due legal form, and further must show that the needs of the patient are such as to require institutional care. In general it would be expected that all applications for admission would be at once received and definite refusal to allow the patient to remain would be made only after due and thorough

mental and physical examination and review of his past conduct after a residence of at least ten days.

To the end that the interests of the patient might be duly safeguarded, it would be desirable to have the date of the order of commitment made not more than ten days following the date of the medical certificate which should be made by two qualified examiners in mental defect and disorder. Unless some time limit is set upon the validity of such an order of commitment, much harm might result from private parties using such a commitment, once obtained, as a threat of incarceration over the head of some unfortunate individual.

It is much better to develop a method of admission upon fairly simple lines in order that the public may be encouraged to send their mental defective types to our institutions at as early a date as possible, as it is well known that in a large measure what can be accomplished in the way of training in either scholastic or manual or vocational lines must be done when the patient is a child rather than when he has reached more mature years. Not only this, but the development in the minds of the public of the feeling that their loved ones are to receive help from us rather than that they should suffer the loss of the loved ones through indefinite incarceration is something which cannot be overlooked and is in line with the development of a proper spirit of medical and sociological ethics in this problem. It is useless for anyone to think of devising a legal commitment whereby a superintendent or any other person might arbitrarily be able to hold such an individual for all time even against the wishes of parents or interested friends, for the Constitution of the United States provides that the writ of habeas corpus shall not easily be suspended, and as this provision does exist in the Constitution of the United States it is merely developing useless public antagonism to formulate plans to circumvent it.

It is however quite desirable that some form of fairly binding legal commitment can be had upon certain occasions at least, particularly for such persons whose mental defect is apt to become a matter of exploitation on the part of unscrupulous parents or relatives, and whom the State feels should be removed from an unfavorable environment and held by some means which cannot be easily interfered with. Such instances are happily rather rare and

if we look far enough towards the future we can see that as our plans for the care of the mental defectives mature, they will be accompanied by an increasing feeling of confidence on the part of the public, who will feel assured that the State is doing more for these unfortunates than private resources are able to do, and that the only spirit animating our institutions is one of medico-psychological helpfulness. If we persistently foster this spirit in the public and encourage the same attitude in our institution staffs there will come a time when there will be very little need for legal aids or obstructions in either admission or discharge of such patients.

People like to be where they are happiest and the bewildered patient removed from the conflicts with society with which he is unable to cope will recognize that he is best off under the care of the State, and will have little incentive towards leaving its protection. This of course applies more specifically to those of the lower mental levels. When we discuss the necessities and wishes of those of higher levels, the border-line cases and others allied to the psychotic types, we find the solution is not quite so easy. There the problem of the particular personality must be investigated by one trained in psychiatry and psychometry who will know both the physical and mental needs of the patient and who after explaining the patient's limitations to him, will endeavor to place him in the field best adapted to his particular personality and intellectual attainments. For such types then we see how the problem of vocational training as distinguished from mere manual training and institutional industries must be worked out. The square peg must not be fitted to the round hole even with the best of intentions. Good intentions without adequate training on the part of the physician in such cases simply invites disaster for the patient, which in turn is sure to be reflected in society's anti-social annals, and incidentally increases the prejudice of the public toward inadequate institutional activities and shallow pseudo-scientific pretensions.

Clinics

The fact that various surveys have seemed to demonstrate a large percentage of feeble-minded in the general population need not alarm us too greatly. It is obvious that a large proportion of these individuals will never see institution walls, nor do they

need it. What has been less obvious, but is becoming more clearly seen in later years, is the fact that such persons do need medical and psychological advice from those trained in these branches, and to the end that they may receive such advice has been developed the communal and institutional mental clinic, of which a number have been established in this State under both public and private auspices.

It is to the clinic that the public comes for advice on intimate subjects. There is no other agency to which it can go in just the same way, nor is there any other agency which is able to give them the same type of advice and treatment for the reason that up until comparatively a few years ago there were not many men sufficiently trained in such work to give adequate advice. The success of these clinics has been so marked that one feels that this extension of the institution into the real life-needs of the world has been one of the greatest steps made towards solving the problems of mental hygiene in recent years. It has had, however, one principal fault up to the present in that most of these clinics are not open every day and hence are not fully able to subserve the needs of the public. For this reason it is obvious that State clinics for mental hygiene established and conducted by men of experience in medicine and psychiatry, and further trained in sociological problems, would afford additional units of great value in helping forward such work. Such clinics would be something quite definite in the minds of the public, a real location, peopled by persons they would come to know more or less intimately, who would put in their whole time at this clinic and be of constant service daily, in three great directions, namely: first, to the potential patients needing advice and treatment in matters of mental defect and disorder; second, to the public who as the parents or friends of patients need education and advice on topics of mental hygiene in general; third, the State and its institutions could look upon the clinic both as a clearing-house for the determination and registration of those cases which come before it on one hand, and as a way station for those patients who have been in the institutions and who are now trying to get along in the outside world on a parole system. The latter could report to these clinics (when the institution clinic is inaccessible) as frequently as necessary, certainly once a month at least, and the

physician in charge of the clinic could then size up the situation and give them advice and treatment accordingly. Records of achievement would be there placed on file and would be accessible in view of possible future contingencies.

In all cases a field worker attached to such a clinic would investigate the surroundings in which the patient worked, and through her efforts with the family could smooth out many difficulties which are obvious when seen but which on account of their apparent insignificance are frequently overlooked by laymen and are never thought of sufficient value for report by the patient or his friends.

The State clinics should not be thought of as interfering in any way with the development of as many institutional clinics as the institutions might find desirable to establish. Institutional clinics represent to a large extent local efforts which have to do largely with the patients entering or leaving that particular institution. As a class such institutional clinics are not open daily. The State clinics on the other hand would be the day-in and day-out mental hygienic center for a certain specified district. They would be distributed throughout the State largely according to the needs of the adjacent population. They could very well be established in connection with existing general hospitals, thus obviating the expense of institutional construction. The nursing personnel of the general hospital could supply the needs of any patients brought to the State clinic whom it was thought advisable to have remain over night in order that lumbar punctures for examination of the cerebro-spinal fluid, Wassermann reactions, and other serological and similar tests could be made. The director of each clinic should be a well-educated physician of general hospital experience, who had also experience in mental and nervous disorders, including mental defect. His education would be increased by intensive training under the direction of the Division of Mental Defect of the State Board of Charities. He would be appointed after competitive civil service examination. At least one field worker would be constantly attached to each clinic for the purpose of investigating the family histories, following up cases who had returned to their homes on parole, making charts, graphs, keeping indices, etc. The field worker and any other employees of this clinic would be under State civil service.

The patients kept in this clinic over night should be paid for by the local municipal or county authorities on a per capita basis. The clinic would operate under rules and regulations established by the State Board of Charities, as a means whereby the general public might obtain information on any person on any point having to do with mental hygiene. The following persons or civic bodies would be the ones most frequently in contact with the State clinic by referring individuals to it whom they suspected of being mentally defective, delinquent, psychotic, dependent, anti-social or in any other way showing conflict with organized society, i. e.:

- Any poor officer,
- Any social service society,
- Board of Health,
- Health officers,
- Officers of general hospitals,
- Penal or police officials,
- Civil courts,
- Criminal courts,
- Domestic relations court,
- Children's courts,
- Magistrate's courts (city or rural),
- All physicians,
- Various civic and religious bodies (social settlements, parish workers' etc.),
- Institutions other than penal or hospital (orphan asylums, etc),
- Lying-in and maternity homes,
- Federal officers and agents,
- New York State officials, officers or employees,
- Department of education (in re retarded pupils, odd conduct, sex offenders, incorrigibles).

The chief of the clinic would endeavor to enlarge the scope of his clinic in his district through lectures given to the general public, and would also attempt to bring technical facts before the medical profession in general and present facts of special sociological value before lay societies and civic bodies.

One part of the work of the State clinic would be the matter of the commitment of those cases examined who were found defective, but the most important feature of all would be the incidental registration of all patients examined and found to be actual mental defectives, regardless as to whether they were committed to institutions or not. The work of the clinic would in no wise usurp the prerogatives of any other State department now in existence, for it has been planned that while this clinic would be of especial value in enabling the State to have an agency directly interested in the determination and registration of mental defectives, it will also be equally useful in definitely deciding when certain suspected individuals are *not* to be considered as mentally defective. When found to be of a psychotic, epileptic, criminal or normal type his future career will be directed into the channel required by the findings. After a thorough examination has been given a suspected individual in a State clinic, his future course would be either commitment to the proper State institution as a mental defective, psychotic or epileptic, or commitment to a private licensed institution, or commitment to suitable parents or guardians after proper investigation of such persons had been made, or returned to kin or source of inquiry as a case not requiring aid in mental hygiene. The clinic would in addition be able to weed out such cases who did not need care as specific types of mental defect or disorder as such but did require some sort of care to protect the public or themselves from the consequences of their own general ill-health or anti-social tendencies. It is thus seen that many of these types would be referred to the State hospitals as insane or to general hospitals for physical disorders, or sent back to their source (courts, civic bodies, etc.) accompanied by an expert opinion as to their ultimate disposition.

Of the latter group a certain number would have reached the clinic as suspected or indicted criminals and the courts could proceed with the trial of the individual feeling confident that both his rights and the rights of the State has been fully protected.

The clinic would be extremely valuable as a State aid to all existing public and private associations established for promulgating mental hygiene and social betterment. The local mem-

bers of such committees could lodge any fact of symptom-behavior needing the attention of the State before such a clinic with the feeling that the case in question would receive prompt, accurate, and adequate attention.

It is obvious that a physician trained in this work is better able to judge of the needs of patients suffering from mental defect or disorder than a layman who is more or less untrained in such work, and the chief of the clinic could do much in the preparation of adequate facts upon which to base future commitment.

Form of Commitments

It seems desirable to develop a scheme of commitment whereby the matter of the legal status of the individual as a mental defective can be determined by facts shown thereon. Such determination could be assisted by the incorporation in the commitment paper of thoroughly standardized tests for mental defect; tests that could be easily performed without the necessity of apparatus. The petition should be as uncomplicated as possible. This is the case for a writ of habeas corpus which admits of the petition being made by "anyone." The petition for the commitment of a mental defective should be made by "anyone" interested in the patient's or the public welfare. It should give the name and residence of the petitioner, his reasons for making the petition, stating the facts with dates upon which the petition is based, the whole to be verified by affidavit. In order that it might not be said that anyone has been deprived of his rights without due process of law, the commitment should next include a certificate of the judge or justice ordering the commitment, which should relate that personal service on the patient had been made, or that the judge or justice had dispensed with such personal service, or that substituted service had been allowed and made. This should be followed by the affidavit of the person making such personal service, showing that he had delivered and served a copy of such notice personally on the individual whose commitment was sought. A statement of the financial condition of the patient should be included in order that if the commitment be directed to a State institution or an institution receiving public funds, the State may have cognizance of

his financial ability to reimburse it, or of the persons legally liable for his maintenance.

The medical certificate should be made jointly by two qualified examiners in mental defect and disorder. It should consist of three parts,—first, the history of the case as obtained by the physicians; second, the facts concerning the patient's mental and physical state as demonstrated by their joint personal examination of the patient; and third, answers to a series of standardized questions given with the idea of assisting the court to a knowledge of the patient's quantitative intelligence capacity.

Notwithstanding the constitutional safeguards already thrown about the patient, he should be further entitled to an order for a hearing granted upon the demand of a relative or near friend or upon the motion of the judge himself before commitment is made. The form for the application for such hearing and the decision of the court following the hearing should be incorporated in the commitment paper prior to the form for the final order of commitment which is to be signed by the judge, the date thereof being the date of such commitment. Such commitment shall not be valid for more than ten days following and inclusive of the date of the order of commitment, nor shall the judge or justice sign an order of commitment more than ten days following and inclusive of the date of the joint medical examination, which shall be the date of the medical certificate.

The use of an emergency form of commitment for psychotic defective types would be of practical value where the speedy removal of an individual from his present environment is desired. Such an emergency commitment should be made in the form of a regular judicial commitment, but made in duplicate up to and including the medical certificate. The individual is then removed to the proper institution by warrant of the emergency commitment as thus written, but he may not be held in such an institution longer than ten days without the duplicate copy of the commitment being received at the institution signed by a judge of a court of record, making the commitment final to that institution. This form of commitment will be found useful in disposing of those cases showing occasional psychotic tendencies but who are not considered insane within the ordinary meaning of the term,

and who, therefore, could not be committed to a State hospital. If the patient belongs to the delinquent type he should be committed to an institution caring for defective delinquents. If he is not a delinquent type he should be sent to the ward for psychotic patients in the institution in his district caring for mental defectives not delinquent. Psychotic upsets are usually transitory but during them the patient is very troublesome and his speedy removal from the home or clinic, or other place where he may be, is always desirable, and for these cases the form of emergency commitment suggested fills a pressing need. Voluntary application for admission would consist in signing by self, parent or guardian, an application for care and treatment in the institution, agreeing to abide by its rules and regulations and not to leave without permission first had and obtained. If the patient needed further sequestration he could thereupon be legally committed by court order as originally described. Written application for release by a voluntary patient must be acted upon by the Superintendent within ten days next ensuing.

Sex Differentiation

It would seem that the consensus of opinion is pretty generally agreed upon the advisability of having both males and females in any ordinary institution for the care and custody of mental defectives excepting those of delinquent types. The answer to the question as to whether it is better to have all types, all ages, and all the various activities of such patients combined in one institution, or whether there should be one or more specialized institutions, particularly one or two adapted for the development and training of the brighter children, is one largely of administrative finesse. However, it would seem from practical experience that as time goes on, no matter what our classification to start with may be, in the long run each institution will receive representatives of all classes. Particularly will this be true if the admissions to any one institution are to be made as the commitments naturally appear from its own designated district. This naturally leads to the accumulation of all types and both sexes in the institution serving that district, and therefore provisions must be made for them.

Mental defectives of the benign type (affectively stable) who become delinquent do so usually through accidental circumstances, by being led astray. But of the real delinquent the findings are that he is delinquent through emotional imbalance and deviations in the affective field. In other words, as soon as we begin to approach the problem of administration from the standpoint of the defective delinquent, we step into a realm absolutely allied to the psychotic. As a result of this we shall find that all our plans for institutions having to do with this type should provide for the separation of the sexes and each such institution should be furnished with one or more wards or units wherein may be given adequate and modern treatment for a psychotic state, no matter how transitory it may be. "Disciplinary" measures, strong rooms and restricted diet as punitive measures belong to the same age of antiquity as do the padded cells and handcuffs of "lunatics."

It may be stated in passing that the treatment of an unruly delinquent who because supposedly normal is kept in a "reformatory," must be developed along the same general lines, and upsets associated with glass-breaking and other incidents indicating inadequate reactions on the part of the individual should be treated from the standpoint of the psychotic, which means the abolishing of so-called "disciplinary" measures which naturally have no effect on an individual who through lack of inhibition and mental disorder is unable to control himself. Modern therapeutic methods adapted for abnormal mental states must be used.

The policy of the State Board of Charities is to see that all of the various types of mental defectives in the State of New York receive modern and adequate care and treatment as here outlined, either in institutions or outside of institutions in colonies, specialized villages, or their own homes, under proper supervision. The development of such a plan of care and treatment will in no wise interfere with the local efforts or ambitions found in any one institution. Wherever any ideas appear showing scientific advance and constructive ability, they will be encouraged. The State Board of Charities is naturally in full and hearty accord with all efforts tending to help the wards of the State to greater

usefulness, including efforts to establish clinics through institutional facilities, and the extension of the parole system for those patients who have left the institution but who continue to live under trained supervision. It is possible that such persons can be made at least partly self-supporting through special effort on the part of the State, but all these things should be done with due regard toward keeping the communities free from strains of quantitative intelligence defect, affective imbalance and anti-social traits; defects which inevitably will occur should improper matings take place. In this latter respect an intensive study of the ancestor stock, their traits, conduct and social value must be made and accompany every recommendation to the discharging officer for the parole or colonization of a patient before such patient shall be allowed to leave the institution. The presence of an accompanying organic or constitutional psychosis must always be ascertained.

Registration

To the end that the State shall at all times know the number of those within its borders (including both institutional and extra-institutional cases) who show symptoms indicating mental disease or mental defect by odd or inadequate conduct, it is proposed that a system of registration be established.

The data to be obtained by the system of registration proposed will cover the various fields of genetics and personality which modern investigation has felt to be the most desirable for registration. The aim of the method will be not only to afford a record of mental defect per se, but in addition will for the first time so far as public records are concerned take note of those oddities of conduct due to deviations in the affective sphere which may or may not be allied in mechanism to the psychoses. In addition to this end, in view of the fact that one individual may show a combination of many symptoms, the record will be made to show any data relating to congenital or acquired physical disorders upon which may depend various organic types of mental reaction as well as those other mental abnormalities which commonly are thought to fall into the group of the constitutional psychoses or neuroses.

As soon as a case (occurring in the ordinary course of medical or legal practice) has been examined, diagnosed, and the disposition of it decided upon by qualified examiners in mental disorder and defect, or when found and diagnosed by the chief of the proposed State clinics for mental hygiene, the registration card "Determination of Mental Status" will be made out in duplicate by the person making such diagnosis. One copy of the card will be forwarded to the Division of Mental Defect and Delinquency, State Board of Charities, Albany, N. Y., and the other copy will be retained by the physician in his office, or by the clinic as a local index. A certain number of cases will in the ordinary course of events be examined privately by the usual two qualified physicians in mental disorder and mental defect, and committed to the various public and private institutions, or to their parents or guardians without going to the State clinic. It is therefore suggested that in order that the system of registration be complete, that a statute be passed making it mandatory upon all physicians, or other persons legally licensed by the State, examining a case for the purpose of determining the degree of mental defect, that upon making such diagnosis of mental defect, they shall fill out and return to the State Board of Charities one of the registration cards described, which will indicate the facts upon which such diagnosis is made. In this connection the State Board of Charities will promulgate what it deems as a minimum standard critique for such diagnosis.

The same law would also affect any private individual, private clinic or any other public or private civic body which might legally undertake to determine the mental status of individuals from the standpoint of mental defect, delinquency or dependency. In the case of patients actually entering institutions it is deemed advisable to have a similar card made out by the institution staff after admission to the institution. This card will be sent to the State Board of Charities and will be known as and kept in the Institution file. It will form a permanent record of all present and past admissions to that particular institution as well as to any other institutional residence, and by addenda added with the travels or exitus of the patient will show the disposition of the case, either by transfer to other institutions, parole, discharge or death.

In the case of those individuals who pass through the State clinics for mental hygiene, the State Board of Charities will receive in addition to the above information a definite and amplified case record of every suspected case, whether committed to an institution, returned to parents or guardians, or otherwise disposed of. Such case records would become the epitome of the anti-social and abnormal persons of the State. But no one examined will be recorded as a case of mental defect unless the diagnosis shows the facts are sufficient to meet the minimum standard for the diagnosis of quantitative intelligence defect as demanded in the critique promulgated through the State Board of Charities, proof of which shall be adduced by the "Registration Card" filled out at the time of the examination of the case. If, as outlined, cards are received from all private examining sources through a mandatory statute, it is seen how a complete record in the office of the Division of Mental Defect and Delinquency will be daily maintained, covering every case who through odd symptom-behavior of any kind caused to be raised the suspicion of being either mentally defective or otherwise mentally abnormal.

The card has been given the name: "Determination of Mental Status." This will appear at the top of the card, below which in fine print will be the following instructions:

"One copy of this card to be filed with the State Board of Charities, Division of Mental Defect and Delinquency, The Capitol, Albany, N. Y. The informant should fill out and retain a second copy for his own files."

Below this appears the data captions conveniently arranged. The information to be obtained may be roughly divided into seven divisions as follows:

				Record number		
				Yours.....		
				Identification number		
				S. B. C.....		
1. Civil Statistics.						
Name.....			Age.....	Date of birth.....		
Given name.	Middle or maiden name.	Family name.		Date	Month	Year
			Sex.....			
Nativity.....		County.....	State.....	Country if not Continental U. S. A.	Nativity of parents.....	Father.....
City or village.						State or country.
Race.....	Color.....				Mother.....	
Specify.						State or country.

Civil condition.	Date of arrival in
Single.....	U. S. A.....
Married.....	Date. Month. Year. Ship. Line. Port.
Date. Month. Year.	
Widowed.....	Citizenship of patient: American.....
Date. Month. Year.	(If foreign give country.) Foreign.....
Separated.....	
Date. Month. Year.	
Divorced.....	Citizenship of father: American.....
Date. Month. Year.	(If foreign give country.) Foreign.....
Common law.....	
	Time in New York State.....
	Date. Months. Years.
Environment:	Circumstances.....
Urban (over 2,000):	Affluent. Comfort. Poor. Squalid. Tramp.
Affluent type.....	Religion.....
Tenement type.....	Specify.
Slum type.....	
Rural (less than 2,000):	Religious activity.....
Village type.....	Specify.
Farm type.....	
Sparse type.....	

2. Physical Status.

Development:	Physical index: { Plus.....
Normal.....	Minus.....
Precocious.....	Physical stigmata.....
Subnormal.....	Specify.
Age began talk.....	Disorders of special senses:
Age began walk.....	Sight.....(colors, refraction,
Speech — auditory apparatus.....	muscles)
Kinesthetic co-ordination.....	Hearing.....(congenital defect)
	Taste.....
	Smell.....
Disorders in general: Specify.	Touch.....
Head.....	Sex.....(masturbation,
Thorax.....	perversions)
Abdomen.....	
Limbs.....	Height.....ft.....in.
Speech.....	
(Congenital defect, absent, difficult)	Weight.....lbs.

3. Personal Make-up. (Consider a "child" as age 1 to 15 years, inclusive; an "adult" as 16 years or over.)

Quantitative intelligence:

Specify.....	.....
Age — Mental level or intelligence quotient.	Indicate scale used.

Classification of mental defect:

(Check type found.)

0 to 2 years inclusive: Idiot (I. Q. below 20),

3 to 7 years inclusive: Imbecile (I. Q. below 50).

8 to 12 years inclusive: Moron (I. Q. below 70).

Border-line: Defect pronounced but not great (I. Q. 70-80).

Subnormal: Mild defect barely detected by scale (I. Q. 80-90).

Normal (I. Q. 90 or over).

Affective deviations:

(Check type found.)

Unstable.

Cyclic mood swings.

Over-valuation of idea.

Psychoses and psycho-neuroses: Specify.....

(Follow New York State Hospital classification.)

Temperamental make-up: (Check type found).

Open, frank, active, optimistic type.

Depressive, worrisome, pessimistic type.

Quiet but happy type.

Active but fretful type.

Shut-in, selfish, egocentric type.

Suggestible, morbid fears, obsessions.

Reaction to reality:**(A) School record:**

Age enter school?..... Have to work hard to keep up?.....

Is he now 1, 2, 3, or more years retarded in school work? Specify number of
years..... Why retarded?..... Interruptions?.....

Physical reasons?..... Mental reasons?.....

Memory: good or bad?..... Concentration good or bad?.....

Day dreaming?..... Specify.....

Date entered present school grade.....

Is further school progress possible?..... Special ability: Drawing.....

Music..... Literary composition..... Calculating.....

Mechanical memory (kinesthetics).....

(B) Society and economics:

Child: Ability to assimilate new facts Child: Ability to help self.....

..... Practical knowledge To respond to school routine

and general information..... Truancy.....

Adaptation to home..... Activity in play.....

School..... Church..... Reaction to playmates

Desultory efforts.....

(B) Society and economics — Continued:

Adult: Ability to hold positions.....	Adult: Ability to grasp events and use technical facts.....
Tendency to change positions.....	Interest in current events.....
..... Wanderlust.....	
Form of recreation.....	
Wages received: Low or com- mensurate.....	
Ambitions..... Lazy.....	
Age began work.....	Lively..... Pushing.....
Sluggish.....	Inactive.....
Type of work.....	Skilled or unskilled.....
How many types of work have been tried?.....	Last occupation.....
At present employed or idle.....	
Odd or unexplained conduct.....	Ever investigated by any public or private social officer?.....
Queer traits..... Gang activity.....	Give dates and reason.....
..... Prostitution.....	Family deserter.....
Male sex offender..... Illicit consorts.....	
Illegitimate children.....	Ever arrested or caused to appear in any court.....
Commitments to any non-penal institution.....	Give dates and reason.....
Give dates.....	Indictment.....
Commitments to reformatory or penal institutions.....	
Give dates.....	

Substitutive reactions: (Check type found.)

Alcohol:

Type of alcohol used..... Daily amount..... Absolute abstainer.....
 Moderate..... Excess.....
 Manner of use: Steady..... Steady plus periodic increase.....
 Periods of abstinence plus cyclic spree.....
 Did it interfere with work.....
 Physical symptoms caused: Gait.....
 Speech..... Eyes.....
 Others..... Mental symptoms caused: Transient..... Perma-
 nent..... Deterioration.....

Drug habits:

Type of drug..... Daily amount..... Moderate.....
 Excess..... Physical symptoms caused: Gait.....
 Speech..... Eyes.....
 Others..... Mental Symptoms caused: Transient.....
 Permanent.....
 Deterioration.....

Moral reactions:

Reactions toward parents.....	Reactions toward friends and acquaintances.....	Reactions toward strangers.....
..... Brothers.....	Vanity.....	Timid..... Bold.....
Sisters..... Modesty.....	Love of display.....	..... Rude.....
..... Egoism.....	Generous.....	Suspicious.....
Sympathetic.....		Sensitive.....
Reactions toward animals:	Reactions toward property: of self	Crimes against persons.....
Cruel.....	..... of others.....	
Careful.....	Specify crimes against property.....	

On the reverse of the card will appear captions as follows:

4. *Heredity.*

"Indicate in ancestors and descendants: Total number, number normal, number not normal. Of those not normal indicate disorder from the following table as per abbreviation."

Mental defect (feeble-minded).....	F.
Nervous disorder (general).....	Ne.
Neuropathic disorder.....	Np.
Psychopathic disorder.....	Pp.
Insanity (— with suicide) (organic) (constitutional).....	I—s, —o, —c.
Transmittable physical traits.....	Tpt.
Deficiency of affective inhibition.....	Df. Af. I.
Blind.....	B.
Alcoholic.....	A.
Syphilis.....	S.
Tuberculous.....	T.
Drug habits.....	D. H.
Epilepsy (infantile spasms —sp.).....	E. (sp.).
Chorea (began as a child —ch) (began as an adult —ad)....	Ch. (ch) — (ad).
Cardio-vascular-renal (death —d) (paralysis —p).....	C. V. R. —(d) —(p)
Gonorrhoeal.....	G.
Normal.....	N.
No information ascertained.....	+
Prostitute (female).....	Sx.f.
Sex offender (male).....	Sx.m.
Criminal against property.....	C.pp.
Criminal against person.....	C.pr.
Desultory, shiftless, idler, tramp, wanderlust.....	De. Sh. Id. Tr. W.
Deaf.....	D.

The card will also be furnished with a simple scale or form which may be easily filled out by anyone, however unskilled in graph making, by simply writing in the above abbreviations in designated spaces. This form, or graph, as it might be called, will have a section for each of the following individuals: Paternal and maternal grandparents, paternal and maternal uncles and aunts, paternal and maternal first cousins, patient's brothers and sisters, patient's half-brothers and half-sisters, center space for patient and sex partner, patient's children, patient's grandchildren. For each of these individuals there will be a space to indicate that the individual is living, another space for use in case the individual is dead, and a third space wherein may be noted the abbreviations given above referring to the mental and physical status of the ancestor or descendant, whether living or dead.

5. Etiology.

Heredity: Specify exactly heritable factors believed to be causal.....

Factors other than heredity: (Specify)

Pre-natal to mother.....

Pre-natal to foetus.....

Birth (specify trauma or disease).....

Post-natal disease.....

Post-natal trauma.....

Blood, findings: Wasserman-blood: Pos..... Neg.....

Cerebro-spinal fluid, findings: Wasserman-fluid: Pos..... Neg.....

Cytology.....

6. Diagnostic Summary:

Check type found.

Affective type: Check type found.

0 to 2 years inclusive, idiot.

Specify: Full inhibition.

3 to 7 years inclusive, imbecile.

Partial inhibition.

8 to 12 years inclusive, moron.

Poor inhibition.

Subnormal — mild defect by scale.

Cyclic mood swings.

Border line — defect more pronounced,

Over-valuation of idea.

Reactions:

Check by number: (Use more than one number if required).

(1) Unable to protect or care for self.

(2) Unable to care for self.

(3) Unable to support self.

(4) Unable to support self continuously.

(5) Defect of inhibition but *not* anti-social.

(6) Defect of inhibition and anti-social.

(7) Sex offenses.

(8) Criminal tendencies.

(9) Defective: good inhibition: not anti-social [Benign].

Psychoses and neuroses, including epilepsy.....

Note malingering. Follow classification of New York State Hospital Commission.

Is institutional care necessary? Yes..... No.....

7. Record of Institutional Life:

Previous admissions.	Date of admission.			Date of discharge.			Period under care, exclusive of parole.			Period under parole.		
	Day.	Mo.	Yr.	Day.	Mo.	Yr.	Yrs.	Mos.	Days.	Yrs.	Mos.	Days.
(1).....
(2).....
(3).....
(4).....

(Specify official title of each institution, with location.

Present institution admission:

.....

Specify official title of the institution.

Location.

Residence at time of admission: Street and No..... Town..... County.....

Institution on:

Date of present admission			Date of discharge.			Period under care exclusive of parole.			Period under parole.		
Day.	Mo.	Yr.	Day.	Mo.	Yr.	Yrs.	Mos.	Days.	Yrs.	Mos.	Days.
Petition by whom.....							
Medical examiners.....							
Committing judge and court.....							
Voluntary admission.....							

This patient examined by.....

.....or by.....or.....

City or town. Clinic. Institution or hospital. Social service.

Clinic record:

Disposition of this case. Insert official names where possible.

Committed to institution.	Parents.	Guardians.	Social service.
Ret. to Court.	Parole officers.	Died.	

For the first time so far as I am aware, this card will make a statistical record of the affective deviations of the individual. This point is receiving more and more attention by all authorities, as it appears that those peculiarities of symptom-behavior upon which depends conduct essentially of the anti-social type, indicate deviations in the affective component of the intellectual life of the delinquent. Some of these deviations depend upon simple lack of inhibition. Other peculiarities in conduct depend more upon inconsistent relationship between the degree of affect and the idea at the moment uppermost in the patient's conscious awareness, and conduct developed therefore at that particular moment is apt to show, or will show, inconsistencies reflected from this abnormal situation. Other oddities of conduct with inconsistent surface affect arise as substitutive activities, the deep associations of which lead back into unconscious repressed sex longings not acceptable to the personality. In cases where there is simple lack of inhibition we may feel that the condition is one largely due to lack of adequate mental development in all fields. In the cases where the affect is perhaps under fair inhibition on the whole, yet shows inconsistencies as to ideational association, we may feel that the process begins to approximate the mechanism found in the psychoses of the constitutional type, and to a certain extent at least the same condition is true in those cases whose odd conduct

represents substitutive activities. However, in any case, affective deviations are of great practical value in furnishing a clue toward discovering the influences which determine the ultimate conduct of the individual. The person with affective deviations should always be thought of as a potential delinquent or possible anti-social offender of some sort. It is the common experience of workers among the delinquent types to find that the history of the adult delinquent shows that the conduct of this same individual as a child, had it been studied at the time, would have adequately demonstrated deviations in symptom-behavior which were largely based on difficulties in the affective field; and therefore it is quite possible that such an individual could have been recognized as a potential delinquent or social nuisance from a very early age and placed in an environment suited to the peculiar needs of his personality, with the hope that actual delinquency would be obviated.

Further Institutional Researches

In order that each patient entering an institution for the custody, care and treatment of any one of these various types of mental defect or delinquency should receive the same careful scrutiny, examination and recording, it is proposed that the records for admission and all subsequent institutional activities be standardized. Each institution shall use a certain minimum number of such record sheets for each patient received, whether voluntary, committed by a court, and whether supported by public or private funds; and such sheets shall be used for cases of any types of mental defect, mental disorder and delinquency coming under the jurisdiction of the State Board of Charities. The use of such standardized record sheets will insure adequate examination and recording of findings on each patient; adequate and comparable records for statistical purposes as demanded by the State; adequate record of work done on the part of institution authorities showing that they are properly performing their duty toward the patients in their custody; adequate and comprehensive grouping of facts recorded, available for inspection and of value to the State.

The standard sheets to be required for all admissions of all types of patient-inmates comprises the following as an irreducible minimum if the best interests of the State, the public, and the patient are to be conserved.

Statistical Data Sheet. This sheet records the name, sex, residence and other data of the individual from the standpoint of his nativity, personal make-up, occupation, economic success, education, religion and institution experience. The sheet ends with the diagnosis, to be made out as per the data obtained from the registration cards (which are already filled out and in possession of the institution filling out the statistical data sheet).

It is seen, then, that upon opening the case history of any patient, one would find on the first sheet a record of his name, his general activities and his diagnosis. All of this is of practical and time-saving importance in arranging for efficiency in the office of the institution.

The back of the "Statistical Data Sheet" is arranged for the further recording in an orderly and systematic manner of "Previous Admissions to Any Institution Anywhere." The object of having all institution residences recorded is to afford a record of economic dependence as well as a record of institutional needs which may vary from time to time according to the type of mental defect or disorder which the patient demonstrated. For instance, such a record would often show a beginning in an "infant home," a residence in an "orphan asylum," a stay in an institution for juvenile delinquents, and an admission to a State institution for mental defect. Then perhaps parole, discharge, and readmission occur, all of which, including conduct between institution residences, is difficult to properly record by dates and official titles of institutions unless upon a prepared sheet as proposed. Such a sheet has never previously been used and its adoption would materially clarify the problem of recording readmissions (recidivists) of all types.

Seal of
State of
New York

STATE OF NEW YORK
STATE BOARD OF CHARITIES
(Name of institution.)

STATISTICAL DATA SHEET

Name..... Record number { S. B. C.....
Institution.....
Residence (legal), number..... Street..... City, village, town..... County.....
Residence (actual), number..... Street..... City, village, town..... County.....
Date of admission.....
Sex..... Age..... Date birth: Mo..... Yr..... Race..... Color.....
Nativity { City..... Country if not
Village..... County..... State..... continental.....
Town..... U. S. A.
Nativity of parents: Father's name..... Nat..... Mother's maiden
name.....
Nat.....

Check and fill out dates when known			
Single	Date	Month	Year
Civil condition of patient.....	Married.....		
	Widowed.....		
	Divorced.....		
	Separated.....		
	Common-Law.....		
	Unascertained.....		

Occupation { of patient; or of member of family or {
other person on whom dependent if {
not a wage earner..... (or as wife of:— child of:— etc.)
Present weekly wage..... Highest weekly wage..... Lowest weekly wage.....
If female not employed or dependent give wage of husband, father or person on
whom dependent.....
Environment.. Urban { Detached house type..... { Village type.....
(over Tenement type..... Rural { Farm type.....
2,000) Slum type..... (under Sparse type.....
2,000)
Circumstances: Dependent..... Part. dependent.....
Self-supporting..... Child at home.....
Affluent..... Comfort..... Poor.....
Squalid..... Tramp.....
Education: None..... Reads..... Reads and writes..... Part. C. S.....
Complete C. S..... Part. H. S..... Complete H. S.....
Collegiate..... Professional.....
Religion of patient..... of father..... of mother.....
(If no affiliation enter as "independent.")

First admission to ANY institution Date.....
 First admission to any New York State institution Date.....
 Etiology other than heredity.....
 Diagnostic summary: Mental defect..... Affective deviation.... Psychosis.....
 or neurosis

(Follow data obtained as per Registration Card.)

(Back of Sheet)

Previous admissions to ANY institution of ANY type ANYWHERE:

	1st Adm.	2d Adm.	3rd Adm.	4th Adm.	5th Adm.	6th Adm.
Institution.....						
Location.....						
Type of inmates.....						
Committed, civil order..						
Voluntary.....						
Criminal order.....						
Assigned cause.....						
Diagnosis.....						
Date of admission.....						
Date parole.....						
Date discharge.....						
To whom discharged....						
Address, street and No..						
City or village.....						
Name or alias used.....						

Conduct and habits between:

First and second admission.....
 Cause of next admission.....
 Second and third admission.....
 Cause of next admission.....
 Third and fourth admission.....
 Cause of next admission.....
 Fourth and fifth admission.....
 Cause of next admission.....
 Fifth and sixth admission.....
 Cause of next admission.....
 Sixth and seventh admission.....
 Cause of next admission.....
 Add on other admissions.....
 Give cause for each admission.....

The next sheet proposed is called the "Civic Data Sheet" and fills a need in recording for State, Federal, and statistical purposes, the status of the patient in relation to the State which is called upon to support him. The matter of the citizenship of the patient, his parents and their civic attitude toward the State is here recorded. Finally a resumé of facts as to the price society is to pay for this particular dependent and the probable duration of the burden is put down, furnishing data readily available for civic, economic, and financial tabulation.

STATE OF NEW YORK
 (Seal of State of New York) STATE BOARD OF CHARITIES
 (Name of institution.)

CIVIC DATA SHEET

Name.....	Record number {	S. B. C.....
		Institution.....
Citizenship of patient {	U. S. A. State.....	County..... Municipality.....
	Native.....	Naturalized.....
	Naturalized {	Has second papers: Date.....
		Has first papers only.....
	By marriage: Date.....	
Citizenship of father {	U. S. A. Native.....	Naturalized..... Date.....
	Foreign.....	Government.....
Citizenship of mother {	U. S. A. Native.....	Naturalized..... Date.....
	U. S. A. by marriage.....	Foreign..... Gov't.....
Patient's arrival in U. S. A. {	Date.....	Month..... Year.....
	Ship.....	Line..... Port.....
Time in U. S. A.: Years.....	Months.....	Days.....
Time in New York State: Years.....	Months.....	Days.....
Orphan {	Yes.....	
	No.....	Illegitimate..... Half orphan, father dead..... Mother dead.....
If a minor: Did father support patient?.....		
If a minor: Did mother support patient?.....		
If orphan: Did guardian support patient?.....		
County, city or town upon which patient is a charge.....		
Per capita cost per {	Week.....	
	Year.....	from public funds.
Will the {	State	
	County	be reimbursed in whole....., in part.....
	Municipality	
Weekly rate of reimbursement, \$.....from..... Address.....		
Will patient probably be able to go on parole?.....		
Is patient a proper type for this institution..... Reasons, if not.....		

STATE OF NEW YORK
STATE BOARD OF CHARITIES
(Name of institution.)

Name of petitioner..... Residence..... Date of attest.....
Relative..... Next friend..... Committee or guardian.... Public officer.....
Abstract of allegations upon which petition is based.....

Was personal service made? { Yes.....				
No..... Date....., 191... By whom..... Res.....				
Names of qualified medical examiners.....				M. D.
				M. D.
Residence.....		Date of examination.....		191.....

Abstract of medical certificate upon which the request for commitment is based.....

Does this examination demonstrate mental defect? { No. _____
Yes. _____

Do the findings indicate the need of commitment, { No. _____
Yes. _____

Name of judge or justice ordering commitment. _____

Name of court from which the order is issued.....
 Location..... County.....
 Date of judicial order of commitment..... 191.....
 Institution to which patient is committed.....
 Statement of judge or justice as to financial condition of the patient.....

(Back of sheet)

OTHER LEGAL PROCEEDINGS

On this page indicate whether any further judicial hearings were had or demanded with the dates thereof and the results thereon.....

Indicate service of all legal processes, by whom served, whether in the presence of an officer of the institution, date of service, and what persons or officials were notified of such service.....

Following these sheets would come standardized sheets as follows: Anamnesis by field workers and institution officers; physical examination; mental examination (psychometric tests); full mental status; laboratory report (urinalysis, bacteriological and serological); gynaecological report; ophthalmologist's report; dental report; temperature charts; quarantine period chart; continued notes (written at least monthly the first year of residence, and quarterly thereafter by the physician, matron, teacher or other officer in immediate charge of the patient-inmate); colony record; parole record (to whom paroled, relationship, address, type of proposed occupation, visits of parole agent, receipt of letters

from paroled patient-inmate, visits of paroled patient-inmate to the institution); discharge record, with dates, address, future supervision, needs and occupation; death and causes of exitus, disposition of remains; autopsy permit; autopsy report sheet. In addition to these sheets, other standardized sheets are to be available for special types of cases: Records for epileptic seizures; sleep and weight chart; hydrotherapeutic record; X-ray record; scholastic school records; vocational school records; manual training progress; industrial institutional record; day attendant's group (ward) report; day nurse report; night nurse report; surgical procedure report; medical procedure report; report of clothing and personal property on admission; laundry report; condemned clothing report; accident and injury report; transfer to colony sheet; fire drill record; seclusion record; disciplinary record (a copy of which is to be forwarded to the Central Bureau daily).

Monthly summaries of admissions, paroles, discharges and deaths should be made and kept accessible in chronological order in files in each institution and a copy of the same forwarded to the central office. In the same manner, on standardized forms, the general movement of patient-inmate population, general movement of employees, deaths and discharges should be made and recorded, and a copy transmitted to the central board. In each institution should be kept an official register containing the name, date and visit of each non-resident officer, official manager, trustee, and consultant, including all visits of State and other legally qualified visitors and inspectors. A book should also be kept recording the date and hour of departure and return of all resident officers and employees, and the authority for such absence noted therein.

The institution copy of the cards for the registration of cases of mental defect should be kept filed in alphabetical order in each institution. When the patient-inmate is sent to an outlying colony, the card is removed to the "colony file"; if the patient-inmate is later paroled, the card is removed to the "parole file;" if the patient-inmate is discharged the card follows to the "discharge file" or similarly on the death of the individual inside the institution, to the "institution death file." A separate "death outside the institution" file should be kept in order that cases, once

diagnosed and ultimately discharged, and then dying outside the institution may be kept properly tabulated. This information can be supplied by the field workers through the Bureau of Vital Statistics.

It is thus seen how an active, live census of all cases of mental defect, in institutions, in colonies, on parole and in the general community can be kept by means of standardizing and regularly and consistently using the proposed statistical cards filled out by the State Clinics for Mental Hygiene, the State institutions for mental defectives, defective delinquents and delinquents and all private and semi-private institutions caring for such cases.

These agencies, combined with the statistical facts to be gathered through the State Educational Department in relation to retarded and backward pupils, will put in the hands of the State Board of Charities an exact statement as to the number of cases of mental defect existing within the borders of the State at any one time; it being taken for granted that as time goes on the determination of the exact mental status will be made as a routine on all inmates of "charitable, eleemosynary, correctional, or reformatory institutions, including institutions for epileptics" within the borders of New York State, and that as fast as they are diagnosed, suitable provision will be made for their care in institutions adapted to their needs.

The Bureau of Analysis and Investigation of the State Board of Charities is now ready to assist any trustee, officer, or employee of any institution to a fuller knowledge of the problem of the mental defective and accompanying psychopathic states. It is the desire of the Bureau to be of the greatest possible help in fitting administrative and medical officers through technical instruction to make their own determination of the mental status of patient-inmates. The recognition of mental defect and affective deviations as the underlying factor in all social failures, institutional dependents, and economic wastage, is of paramount necessity if our institutions for the care of all classes of physical and mental dependents are to proceed along the lines so plainly indicated by modern research. The danger to society of the unsupervised activities of mental defectives must become the knowledge of all, in the same way that all now recognize the danger of infectious diseases or of a contaminated drinking water or milk supply.

The plan for the care of the mental defectives here outlined embraces many details; and particularly the matter of standardized statistical blanks seems quite voluminous. But when it is recalled that these cards and sheets will be filled out from time to time by different individuals, i. e. clinic workers, field workers, institution officers, physicians, consultants, attendants, nurses, matrons, etc., it is seen that they do not place an excessive burden upon any one person. Indeed, the same work is now going forward in many places to-day but in a piece-meal, fragmentary fashion that needs correlating and standardizing to make it of scientific value and available for comparable statistical use.

This correlation in statistical practice is particularly needful when it is remembered that the patients of the mentally defective and delinquent class are held not only in State institutions of varying type but also in private and semi-private institutions, as well as under outside parole and social welfare bodies, all of which should report their statistics under identical captions. It is to help these officers in their scientific and philanthropic endeavors to ameliorate and assist the individuals under their charge that this standardization of record keeping is proposed.

The new Commission on the Feeble-minded, created in 1918, is composed of three members, the Chairman, Dr. Walter B. James, the Secretary of the State Board of Charities, Mr. Charles H. Johnson, and the Fiscal Supervisor of State Charities, Mr. Frank R. Utter. All of these gentlemen served on the Hospital Development Commission of New York State during the time it considered the special problem of mental defect. The two latter officials have administrative relations with the public charitable and correctional institutions subject to the visitation and inspection of the State Board of Charities, and the Secretary of the State Board of Charities is in close touch with the various other social agencies in the State which have been organized to promote the public welfare. The experience of these officials will make it possible for the new Commission to move far more rapidly in its special duties than it could were they not members. The Chairman of the Commission, Dr. Walter B. James, has had wide experience with the special problems involved and it is anticipated that the new Commission will, among other things,

unify institutional methods which heretofore have not been properly correlated.

In closing let it be said that the chief objective of any plan for the custody, care and treatment of the mental defective and the delinquent, lies in:

- (1) Attaining the greatest good for the individual case;
- (2) In carrying forward the highest type of care, treatment and research, in order that latent capacity may be developed;
- (3) In conserving and developing the social possibilities of persons who otherwise would become economic wastage;
- (4) In protecting society from undesirables and in so doing;
- (5) Perform a high and patriotic duty to the State.

STATE OF NEW YORK
STATE BOARD OF CHARITIES
DIVISION OF MENTAL DEFECT AND DELINQUENCY



THE BUREAU OF ANALYSIS AND INVESTIGATION

Case Studies in Mental Defect

MARION COLLINS

EUGENICS AND SOCIAL WELFARE BULLETIN
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FOREWORD

Mental defect reveals itself in various ways and for this reason it is frequently difficult to draw the line between an average endowment of mental ability in an unsuitable environment and an actual deficiency due to heredity. Although the data in family histories sometimes enable investigators to classify properly individuals whose mental ability seems uncertain, essential factors are often overlooked in such histories or their influence is not sufficiently recognized by the investigator and, therefore, the classifications are frequently erroneous. It follows that like the investigation of family traits the accurate preparation of historical data is an important part of the work of those engaged in the study of feeble-mindedness. Such work to have greater value must be followed by analysis of the material, that no essential facts shall fail of consideration.

Environmental influence may be taken as the cause of mental impairment whenever the resisting power proves abnormally weak, but such weakness of resistance unless associated with other evidence cannot be accepted as an absolute proof of actual defect, hence especially in the study of what are known as "border-line cases" there is necessity for careful consideration of family traits as shown in successive generations as they react to varying environments. Only in this way can the investigator accurately measure environmental influence as it affects transmitted mental ability; for it is well known that several members of a family group may react differently to the same environment and if the inherited traits and average ability are similar it is of scientific interest to determine the cause for the dissimilar reactions in the same stimuli.

In the "Case Studies" which are presented in this bulletin an unusual opportunity was afforded the investigator to observe the evil effects of maladjustment upon individuals and families and to trace typical anti-social traits in members of the family groups through successive generations. All the individuals studied are not classified as mentally deficient yet all were apparently so affected by different environments that most of them either could not or did not take advantage of the many opportunities for social readjustment presented to them from time to time. It should be stated these "Studies" have not been hastily made, for the group of children and their relatives have been under observation over five years. Miss Collins has sought all facts which would bear upon the causes of their mental defect, inefficiency or retardation, and she has given to the work a ripening judgment which has been gained through the study of several thousand children and adults whose mental ability has been questioned.

ROBERT W. HILL.

TABLE OF CONTENTS

	PAGE
History of the Study.....	7
Scope of the Present Study.....	9
Methods of Investigation.....	10
Normal Standards.....	12
The Lost Families.....	14
Summary of Cases.....	21
Causes of Feeble-Mindedness.....	25
Alcoholism	32
Tuberculosis	41
Syphilis	41
Age of Parents.....	45
Abnormal Conditions of Mother during Pregnancy.....	45
Premature Birth.....	48
Trauma	46
Toxins	46
Convulsions	50
Nutrition	50
Early Manifestations of Mental Deficiency.....	51
The Origin of Mentally Defective Stock.....	62
Types of Mental Defect.....	70
The Stable Moron.....	70
The Unstable Moron.....	75
The Psychopaths.....	81
The Sociological Data.....	86
The Heredity of the Children.....	87
The Environment	91
Occupations	92
Family Income	96
Habitat	98
Social Agencies Concerned With the Cases.....	106
The Orphan Asylums	113
Placing-Out Agencies	113
Distribution of Cases to State Institutions.....	119
The Cost of the Feeble-minded	123
The Community Menace of Feeble-Minded Women.....	128
Sex Offense	136
The Birth Rate and Infant Mortality.....	146
The Feeble-Minded as Wage Earners.....	151
The Psychometric Examinations.....	159
The Fraternities of the Children	168
Appendix	173

INDEX TO CASES

	PAGE
1. Gladys Baggs	18
2. Edward Baker	116
3. John Britton	100
4. Charles Burke	34
5. Helen Cleves	54
6. Eva Corbin	126
7. Harold Curry	140
8. Mabel Delamater	130
9. John Depoli	15
10. John Hale	81
11. Harold Hammond	42
12. Matthew Higgins	70
13. Ralph Ingalls	66
14. Thomas Kent	32
15. Meyer Levi	156
16. Richard Lawrence	64
17. George Major	75
18. Harriet Marvin	147
19. Charles Miller	137
20. Moore Family	28
21. Abram Newgate	51
22. Harold Ransom	144
23. Louis Rosenblum	154
24. Elliott Rosenkranz	120
25. Edward Sammons	37
26. Harry Sheldon	47
27. Fred Shepherd	104
28. Frederick Shores	110
29. Howard Taylor	58
30. Hiram Van Dusen	134
31. David Van Ormund	78
32. Philip Wagner	152

CASE STUDIES IN MENTAL DEFECT

This report is based upon a study of thirty-two children in the Rome State Custodial Asylum. It consists first of case studies of these children, with an analysis of the factors, psychological, sociological, and hereditary which have resulted in their feeble-mindedness and their commitment to institutions; and second, of psychometric examinations of the children made annually for a period of four years, and mental examinations of their brothers and sisters.

The accounts are of value, not because the cases are unique or remarkable, but because most of them are common types, illustrative of conditions which could be paralleled in whole or in part in any county of the State. The consideration of these several families throws light upon the factors producing mental deficiency, the soil favorable to its development, and the trend of forces acting upon the feeble-minded.

By means of the Binet-Simon Measuring Scale, the intelligence level of each child has been obtained and where possible the same scale has been applied to the brothers and sisters of the cases. Careful inquiry has been made into the characteristics and capabilities of the parents of the children, the grandparents, uncles, aunts and cousins. Thus the bearing of the intelligence level and the mental make-up of the members upon the ultimate outcome of the family group is one of the problems of the study. Consideration is also taken of the surroundings into which these families have drifted, the social agencies which have been concerned in their welfare, and the success of such social endeavor. The study shows that mental deviation from the normal complicates nearly every problem of social reform and spreads a network of tangles through the social structure.

History of the Study: The Rome State Custodial Asylum is an institution with a capacity of about fifteen hundred beds, established for the "support, maintenance and custody of feeble-minded persons and idiots."

"Inmates are received from any county in the State when vacancy exists providing the Superintendent of the Poor is willing to commit such case as indigent and feeble-minded, other than able-bodied children between the ages of seven and fourteen who are able to use language, and feeble-minded women of the child-bearing age, such two classes being admitted to Rome only when vacancies exist for the county and such county has no vacancy for a case at the Syracuse school or at the Newark asylum. All children under seven years of age who are feeble-minded and all children between seven and fourteen who are feeble-minded, bodily crippled or unable to use language, and also women beyond the child-bearing age are accepted."

The present study grew out of the Report on Fifty-two Border-line Cases in the Rome State Custodial Asylum, upon which two bulletins have been published. Those who have followed the publications of the Bureau of Analysis and Investigation of the New York State Board of Charities will recall that in 1913 Dr. Charles Bernstein, Superintendent of the Rome State Custodial Asylum, brought to the attention of the Commissioners of the State Board of Charities a group of fifty-two children in that institution who were brighter than the average and who, he contended, were border-line cases, in that their feeble-mindedness had not been proved. The State Board of Charities felt that here was a subject for investigation as it is a serious matter for even one child to remain in constant association with the feeble-minded if there is a possibility of his developing into a normal child. At that time it was customary to rate children less than three years retarded mentally according to the Binet Scale, as backward and not feeble-minded. When the list of fifty-two children was made up in 1913, twenty-seven of the children were three or more years retarded and twenty-five were less than three years retarded. The children then ranged in age from three to eighteen years, with nine of them under seven years. A study of the children a year later with a consideration of their traits as well as their Binet ages convinced the investigator that the majority of these children were positively feeble-minded. Since that time slow mental progress has made one after another of the children fall behind until doubt as to the mental deficiency

remains only in four cases. Longer acquaintance with the Binet Scale has shown that under nine years of age a retardation of much less than three years, combined with significant reactions and failure to conform to ordinary modes of life may be indicative of feeble-mindedness.

Scope of the Present Study: During the year 1916 it was proposed to obtain a complete history of each child against a background of its family history and environment, with special reference to the mental ability of its parents, brothers and sisters and the early traits of other members of its fraternity. It was found that without an adequate family history it was impossible to interpret conditions; hence the study took the form of family history field work as well as a study of the fraternity and the environment. But family history work is expensive and time-consuming, especially as many of the families are broken up and scattered broadcast. To trace and find the members involves the following of many trails, some leading far afield. When the work that could be done upon thirty-two of the cases was completed it was decided to present the facts to the public rather than hold the work until the study of the entire group could be made, for the first work was becoming out of date in waiting for the completion of the whole, and the pictures presented by these thirty-two children were enlightening and indicated problems of great social import. Section 1 of the appendix gives the references between the fictitious names supplied in this study and The Report on the Fifty-two Border-line Cases.

The Selection of Cases: The method of selection of these cases makes the finding of the family histories of value since each child was selected upon his own merit rather than upon any previous knowledge of the families. As stated above, the original fifty-two children were the younger and brighter children in the wards of the Rome State Custodial Asylum, who seemed at the time of their selection of sufficient mental ability to warrant their classification as border-line cases. There were in the records of the institution some indications of what a heredity study of about half a dozen of the children might reveal, but beyond this the heredity of the children was untouched ground and the grave defects in the relatives of these children have

been one of the surprises of the work. From this group of fifty-two there has been the second selection of the thirty-two cases whose family histories had been completed as far as possible in February, 1917. The ideal selection for a group of families for a fraternity study would be to include only children who had a certain minimum number of brothers and sisters, and those all available for study. But the cases were selected without regard to the size of the family, their availability for study, or the difficulty in field work, which accounts for the fragmentary nature of some of the histories. It is believed, however, that the mode of selection adds to the value of the study from the point of view of heredity since it frees it from the charge of bias. There are but two cases where there is not a clear inheritance of defects and these two are cases which could not be carried beyond the immediate family. The history of the individuals ends February, 1917, except in a few cases noted as they occur, where later information came incidentally to the notice of the investigator.

Methods of Investigation: The field work was carried on by the usual methods of investigation, by visits to the families, the relatives, and reliable informants, consultation of vital statistics, interviews with the family physician, and a careful weighing of evidence. It was begun with high hopes and strong determination to fill in completely the schedule given below for each member of the patient's fraternity, which would pigeon-hole them nicely for statistical study. The determination remained throughout, but the hopes became faint. Even such a fundamental and seemingly simple matter as the paternity of the children was frequently open to doubt. In many cases the mother was the only person who could give information in regard to prenatal conditions and if she was feeble-minded or given to fabrication the information was of doubtful reliability. If she was dead no data could be obtained. In all cases information believed unreliable was rejected.

SCHEDULE OF STUDY

Name	Case
Date of Birth	Date of Record
Residence	Relation
Birthplace	

Physical Traits:	Infant History
Left-handedness	Diseases
Speech	School History
Height	Occupations
Weight	Special Abilities
Gait	Special Defects
Spasms	Mental Traits
Adenoids	Binet Age
Bed-wetting	Family Traits
Prenatal Life	Environment
Birth	Remarks

The above schedule served as an outline for the study of each case, the siblings, and half-siblings.

One of the most interesting tasks of the investigation has been the reconstruction of the family picture at the time the crisis which separated the child from its family occurred. It requires the pen of an artist rather than that of a cold scientist to picture the deep pathos, the sordid indifference, and the feeble struggles of the actors of the scenes. The histories of the simple, uneventful lives of many of the persons related to the thirty-two children and their excursions into misfortune or crime make the setting of the pictures of monotonous gloom with a solitary high light here and there. While the family histories have been gathered and treated uniformly for the official files, the transcriptions of them made for this report have been written as separate case studies with attention directed toward distinctive traits. So, too, certain individuals are given space greatly out of proportion to others if they illustrate some special phase of psychology or social forces. These family histories are inserted when they furnish an illustration of the point under discussion.

It is not always the member of the family with the most defective mentality who is finally given institutional care. Many times several members are subnormals or morons and the matter of social adjustment is the crucial point which determines their success or failure. The moron who lives decently among his neighbors is usually given a helping hand to tide him over rough places and is offered a warm and congenial retreat in the almshouse in his old age. Unfortunately, however, the moron with

his childish judgments, his strong impulses and his weak inhibitions, and usually doomed by poverty to live in the most unfavorable surroundings, encounters strong forces against decent living. Particularly is the moron mother rarely able to maintain a home of reasonably good quality for the rearing of children. The social reactions of the various members of the family under investigation have received a considerable amount of attention. The information obtained upon this point has the advantage of reliability which is not subjective. The personal history and the standing in the community are two factors which can be determined with accuracy, and information from outside references, which is mainly circumstantial and anecdotal, fits readily into the community estimate. As these Rome cases are children, the causes of their removal from their families is most often to be attributed to some failure on the part of the parents.

Normal Standards: This report deals almost exclusively with abnormalities in the social life. It is hoped that the reader will keep in mind normal standards so that these pictures may be seen in their proper perspective. Devine in "The Normal Life" (pp. 6-8) states the essential features for the American family of the twentieth century, as follows:

"The child is born into a home where it has been lovingly expected and prepared for. It begins life without the handicap of congenital defect or debility. It is carefully tended, if not always scientifically, through its first delicate years, weathering various minor ailments and 'children's diseases,' though probably with one or more narrow escapes, learning its first lessons in self-control, getting its fundamental ideas of material things and of human relations, entering into its 'social heritage.'

"Then comes a happy period made up of school and play and home life, some acquaintance with racial traditions of religion and morality, and more or less acquaintance, through travel and otherwise, with the outside world. The family circle includes father and mother, one or two or three brothers and sisters, a grandmother, at least, to represent the older generation, and some uncles and aunts and cousins to form an immediate link between the home and the mysterious world.

“Childhood past — whether at fourteen or sixteen or twelve or ten — there follows a period of preparation for the responsibilities of manhood and womanhood, and this is the point where there will probably be the greatest varieties among our mental pictures of a normal life. To some it means the broad general education, followed by professional training, with a year or two in Europe and long summers of recreation, bringing the young woman to the age of twenty-three or four or five, and the young man to perhaps twenty-seven or eight. For others it represents at least a course in Normal School for the girl, and a high school course followed by induction into ‘business’ or a skilled trade for the boy; for others still a brief and superficial commercial or industrial training at the end of grammar school. Even among those whose children go to work, at any kind of job they can get, as soon as the law allows, few would be found to defend the practice. A high school education or its equivalent, with some sort of vocational training — agricultural, industrial, commercial, or professional — is fast coming to be a part of the American standard of living.

“Arrived at maturity, equipped to earn a living and to spend it, the young men and women marry. They surround their children with rather more comforts and advantages than they themselves had, and give them a longer period for education. There is no more firmly rooted element in our standard than this, that each generation shall stand on the shoulders of its predecessor. They live to see their children established in homes of their own, and their grandchildren growing up. Gradually they relinquish active duties to the younger generation, while keeping lively interests and a place of usefulness; their support provided either by savings or by their children’s care. At the end they leave the world — reluctantly, to be sure, for it has been an agreeable place, but with a sense of satisfaction, as at the close of a full day of work and wholesome pleasure and friendly intercourse.

“There is no place in this picture for blind babies, feeble-minded girls, syphilitic young men, neglected orphans, child workers, ignorant and inefficient men and women, repulsive

or lonely old people; there is no place for dependence on charity, for long, disabling illness or accident, for prostitution, drunkenness, vice, or habitual crime, for neglect of children or other disregard of natural obligations, for premature age or early death.

“ These things all exist, and we all know that they exist, but they do not occur to us, even to those of us who are most familiar with them, when we are thinking of the normal standard of living as expressed in the course of an individual's life from the cradle to the grave. They are abnormalities. They are obstacles which interfere with the realization by every individual of a normal life. They are circumstances which menace our standard of living.”

The Lost Families: For thirteen of the thirty-two children there was no correspondent and no address at the institution when the investigation was begun, and further, the local poor-law officials could give no information of where they could be found. This means, in general, that those families lacked the ability or the interest to keep in touch with the children once they were separated from them. This indicates that the families producing these children are socially abnormal. Nine of these thirteen children without vital family connection came to the institution by way of orphan asylums and two others came from placing-out agencies, evidence that other forces besides mental deficiency of the child were instrumental in his separation from the family. The detective work involved in finding the families added to the interest of the investigation, but also greatly increased the time and expense involved. Families who have been undisturbed by outside agencies are the ones that yield to family history study most readily. Especially difficult to trace are those dealt with by societies and officials before the decade of organized agencies with permanent records.

A point made in favor of the complete separation of a child from an undesirable family is that the child in this way is left free to prove his worth without the encumbrance of the bad reputation of his parents. Further, foster-parents often wish to feel that they have sole claim upon the child in their care and wish all connection broken off. On the other hand, it is found repeat-

edly that a child from an abnormal family is treated more kindly in a neighborhood which understands him and his difficulties than where he is not known, since understanding is a requisite of sympathy. The intelligent dependent child when he grows older wishes to know of his own people. It is fair to the child and to society that record of the dependent child shall be kept in as complete detail as possible by some responsible agency, so that family connections may be established should it become desirable. When the stock is defective it is for the welfare of the commonwealth that it be recognized and controlled.

A reason that should appeal directly to the practical mind is that it is possible for conditions in a family to change to such an extent that it may in time assume support of its children. A curious illustration of this is shown in the case of No. 13, Ralph Ingalls (p. 66), where the mother of the patient is one of the heirs to an estate of considerable value. The result is that a child which could well be supported by his family is supported at the expense of the State.

Illustrations of how completely the family connections of an orphan asylum child may disappear, with the family remaining almost in sight of the institution, are furnished by a number of families in this study, particularly No. 2, Edward Baker (p. 116) and No. 9, John Depoli, described below. No. 1, Gladys Baggs shows why the family histories of some children cannot be traced, and further shows the possibilities of an institutional career in New York State.

No. 9, John Depoli, Age 12 9-12, Mental Age VIII 2-5.

Heredity: Mother normal, tubercular. Father alcoholic and abusive, sexually immoral, not feeble-minded. Brother and two half-sibs normal.

The Search for the Family: John Depoli was brought to an orphan asylum May 12, 1908, and from there was transferred to the Rome State Custodial Asylum on January 17, 1912, without any family history. Inquiry at the orphan asylum shed little light. It had on file the name of the town from which he was committed, and the statement of the superintendent of the poor (since deceased), that nothing could be learned of the history of the child or the whereabouts.

of the parents. There was no record of him in the town or county books, and the birth record, which might have furnished a clue, could not be found. The village doctor searched his books carefully but unsuccessfully for the name, but as it was a foreign one he gave the name of a Polish woman in the village as reference. This proved to be a successful trail for the woman knew John's mother and knew her story. She even knew her address as only a few months previous Kate had been out to the settlement trying to find some trace of her lost boy. The search then seemed simple enough, but the address proved to be in one of those real estate development tracts so hard to reach and when the place was finally reached no one was at home! A second visit found the mother and stepfather at home. The directions for finding the father were to "ask in any saloon in ——— for the big Slav, John Depoli." When the named city was visited, inquiry of the R. F. D. man saved the necessity of a canvass of the saloons.

The story which developed was a curious one. John's mother, Kate, a young Slav girl, came to America when about 16, without any of her immediate family. She was taken advantage of by John Depoli and became pregnant. Being without resources she was dependent upon him and he took her to live in an isolated house in the woods. Ten months after the birth of the patient another child was born. Kate, desperate by this time from living with the drunken abusive bully, learned the whereabouts of John's legal wife and communicated with her. This wife, Mary, came and took Kate and the two babies into her home. Soon Kate tried to support herself and both of the children, but as this was too great a burden, the arrangement was made for the father to support little John, while Kate supported Charles. After a short time the father boarded him in a Polish family but let the payments lapse and the child was surrendered to the superintendent of the poor with the statement that the family could not be located. Very slight investigation on the part of the superintendent of the poor would have located the father, as he owned a little place in

the village and he could probably have been compelled to pay for the child's maintenance. Kate in the meantime supported herself and the other child, and presently married. She then tried, without success, to find out what had become of little John.

The Parents: Of the father nothing good can be said. He is not feeble-minded, but is alcoholic, and ugly and abusive when intoxicated. Since he has deserted his wife, Mary, for women other than Kate it is remarkable that she will allow him to come back after these digressions, since she is by no means browbeaten or cowed by him. One of the brothers of John, Sr., is alcoholic. Further than that no history could be obtained.

The patient's mother, Kate, is a moral woman in spite of her two illegitimate children, and of normal intelligence. Her own people are in another State, hence there was no means of carrying the investigation further.

The Patient: John was born January 2, 1904, making him 12 9-12 years of age. His mother says that he began to talk when he was 11 months old, and that he was a bright baby. His foster-mother also noticed nothing wrong with him, but when he reached the orphan asylum at 4 years he was found to be unresponsive, and as he grew older he was not only slow to receive training but attacked the other children. As he was both feeble-minded and hard to care for, he was committed to the Rome State Custodial Asylum. There he has been found practically unteachable in book work, but good in industrial work, and has become proficient enough to help the barber with shaving. Caretakers report that he is getting less responsive as he grows older and bad habits are reported. According to the Binet tests his mental progress has been slow.

Date of Examination	Age	Mental Age	Retardation
December, 1912	8 11-12	VI 2-5	2 1-2
October, 1914	10 9-12	VII 4-5	3
October, 1915	11 9-12	VIII	3 1-2
October, 1916	12 9-12	VIII 2-5	4

In 1916 the basal age was raised to VIII and the performance very even. He is a moron of the emotionally controlled type.

His brother, Charles, at 11 8-12 years of age grades IX 2-5 years mentally. He is not strong in school work but in other pursuits holds his own with other boys. If physical exhaustion and prenatal distress of the mother have influence upon the mental condition of the offspring, then Charles should be more defective than John since his birth followed John's after an interval of ten months, during which time conditions were growing worse. Yet Charles has normal ability while John is defective. Neither parent is feeble-minded; the father is alcoholic, the mother tubercular. Spasms and illness are denied. Wassermann reaction negative. No opinion is offered as to reason for the difference in these two boys.

Of the three legitimate children of Kate, one died of infantile convulsions, the other two are ordinary little Polish children. It is interesting to note that the two illegitimate children of Kate resemble her strongly while the two children by her Polish husband have his physical traits.

No. 1, Gladys Baggs, Age 11 5-12, Mental Age VII.

Heredity: Mother feeble-minded, inmate of Newark State Custodial Asylum. Father delinquent, former inmate of the State Industrial School. Child illegitimate. No sibs.

The Parents: The mother, Emma, was born in 1886, so that at the time of writing she is 31 years of age. She was committed to an orphan asylum in 1887 by the Superintendent of the Poor. No record of the family history was made at the time and the records of the orphan asylum give no clue as to the connections of the child. In the town from which she was committed the name is notably bad. At 4 years of age Emma was placed in a free home and remained there until 12 when she was returned to the orphan asylum as unsatisfactory. In less than a month she was sent to a private reformatory where she remained from August, 1898, to June, 1900, when she was admitted to the Syracuse State

Institution. Two years later she was transferred to the Rome State Custodial Asylum. The reasons for the various transfers cannot be obtained. Presumably she was undesirable with young children, hence her transfer to the reformatory until she could be admitted to Syracuse. She was sent to Rome when she passed the age of training at Syracuse. While at Rome she was the victim of one of the transient attendants and as a result gave birth to Gladys in 1905. In 1907 she was transferred to Newark where she has since remained. There she is a stupid but not troublesome inmate, able to care for herself but not able to do the higher grades of industrial work. If she lives to pass the child-bearing age she will be returned to the county almshouse, thus rounding out her career in her sixth institution.

Nothing is known of the father except that he had formerly been an inmate of the State Industrial School. He left his employment at the Rome Custodial Asylum before Emma's condition was known.

The Patient: Gladys, the illegitimate child of Emma, born May 1, 1905, is now an inmate of the Rome State Custodial Asylum. Details of her birth and early history are lacking. Her early childhood was passed in the institution with her mother where she was a favorite because she was affectionate and talkative. As it seemed unfair to the child to be brought up in the association of feeble-minded children she was put in charge of a placing-out agency by whom she was placed in a free home. Here she seems to have had good training and began to go to school, but there was so much doubt as to her mental ability that before she was 8 years old she was sent back to Rome for observation, and regularly admitted a year later (1914).

She is rapidly losing a certain winsomeness which she had when younger, and now at 11 years of age she is simply a cross-eyed, talkative, feeble-minded child with a mental age of VII years. During the last year psychometric examinations register no progress, but her teacher reports better attention in the kindergarten class. Her memory work is the best in the class. However, she cannot recall five

numerals which is the standard for an 8-year old child. Her conduct is good.

Date of Examination	Age	Mental Age	Retardation
December, 1913	8 7-12	V	3 1-2
November, 1914	9 6-12	VI 1-5	3
October, 1915	10 5-12	VII	3 1-2
October, 1916	11 5-12	VII	4 1-2

This lack of progress during the last year makes it reasonably certain that Gladys is destined to remain a permanent custodial case. When first selected for this group of possibly normal children her affectionate manner and alert expression might easily deceive the casual observer into thinking that she was a bright child of fewer years. That she was given a home with an opportunity for normal development and still kept under observation as a possible defective, gave her a fair deal.

A summary of the cases upon whom the study is based is given in Schedule 1.

SCHEDULE I

SUMMARY OF THE CASES

NAME	Age, October, 1916	Mental age, October, 1916	Traits, October, 1916	Reason for becoming a public charge	Care previous to admission by institutions or social agencies	Date of commitment to Rome	Reasons for commitment	Date of discharge	Reasons for discharge	Present status
1. Gladys Baggs...	11 5/12	VII	Talkative, affectionate, dis-tractible.	Illegitimate. Mother a feeble-minded dependent.	Placing out agency.	May 21, 1907 Recom-mitted Jan. 14, 1914	Proved non-placable.	Nov. 2, 1908	To be tried in free home.	In institution and should remain there.
2. Edward Baker..	7 1/12	VII 1/3	Dull; making some mental progress.	Parents separated. Father stopped paying board at orphan asylum.	Orphan asylum...	April 4, 1912	Cried constantly and appeared non-teach-able.	Nov. 24, 1916	To be given an-other trial.	Under care of plac-ing out agency. A border-line case.
3. John Britton...	19 5/12	VII 2/5	Disobedient, un-stable and un-truthful.	Deserted by mother at death of father. Not capable of earning a free home by farm labor.	Alms-house, free home, industry.	Nov. 29, 1910	Too feeble-minded for industry.			In institution
4. Charles Burke..	6 10/12 (Oct., 1914.)	III 2/5		Father too alcoholic and mother too feeble-minded to support him.	Orphan asylum...	April 27, 1910	Unteachable	Died Sept. 3, 1915.	Died as a result of injury from a fall.	
5. Helen Cleves...	17 7/12	X 2 1/2	Childlike, stub-born, careless but useful.	Family public charges.	Orphan asylum...	Feb. 24, 1913	Diagnosed by an au-thority on the sub-ject. Non-placable.	April 5, 1915	To work for board.	Working under good supervision.
6. Eva Corbin...	12 3/12	VII 1 1/2	Quiet, tidy, weak, inoffensive.	Removed from home by Humane So-ciety.	Orphan asylum...	Feb. 17, 1910	Destructive, not teachable in orphan asylum.			In institution and should remain there
7. Harold Curry..	19 8/12	X 1/5	Diagreeable, talk-ative, effemin-ate.	Removed from mother for im-proper guardian-ship.	Born in alms-house. Was in orphan asylum and free home.	Nov. 15, 1911 Recom-mitted April 26, 1916	Failed in free homes. Abnormal. Recom-mitted because of tubercular glands.	Oct. 4, 1915 Nov. 6, 1916	To work on farm. To work in country hotel.	Working for small wages. Nearly self-supporting but a moral menace.

SCHEDULE I—SUMMARY OF CASES — (Continued)

NAME	Age, Oct.-Dec., 1916	Mental age, October, 1916	Trails, October, 1916	Reason for becoming a public charge	Care previous to admission by institutions or social agencies	Date of commitment to Rome	Reasons for commitment	Date of discharge	Reasons for discharge	Present status
8. Mabel Delamater.	14 6 12	VII 1 5	Bold, talkative, sunny. Teaches children bad habits.	Removed from home for improper guardianship.	Children's agent.	April 8, 1912 Recommitted Nov. 4, 1915	Habits bad. Un-Recommitted cleanly. Excluded from school.	Oct. 4, 1915	Mother wanted her.	In institution and should remain a custodial case.
9. John Depoli.	12 9 12	VIII 2 3	Dull, stable, good in industrial work.	Parents separated in industrial. Father deserted.	Orphan asylum.	Jan. 17, 1912	Obstinate, struck other children. Did not learn.			May be able to work outside under good supervision.
10. John Hale.	10 10 12	VII 3 5	Good-natured, willing, sometimes quarrelsome.	Father deserted. Mother feeble-minded, unable to support him.	Orphan asylum.	Sept. 16, 1913	Would not keep clean. Stable filthy matter.			In institution and should remain there.
11. Harold Hummel.	9 6 12	IX	Ugly disposition. Progressing in school.	Removed from parents for improper guardianship.	Hospital treatment for syphilis.	April 20, 1910	Uncleanly, irritable and quarrelsome.	Oct. 4, 1915	Seemed normal in intelligence.	In boarding home. Future doubtful.
12. Matthew Higgins.	15 6 12	VII 2 5	Stable, obedient, able to do simple work.	Deserted by father after death of mother.	Orphan asylum.	April 13, 1910	Uncleanly. Physical and mental condition weak.			Useful in institution and should remain there.
13. Ralph Ingalls.	10	V 3 5	Mean, quarrelsome, untruthful.	Deserted by father. Mother incapable of supporting him.	Orphan asylum.	Oct. 28, 1910	Distractible. Could not be taught not to strike other children.			In institution and should remain there.
14. Thomas Kent.	13 9 12	VI 4 5	Mischievous, has bad habits.	Brought into court for wandering and sent to Randall's Island.	Randall's Island.	Oct. 17, 1912	Transferred.			In institution and too low grade to leave it.
15. Meyer Levi.	16 8 12	XII	Disobedient, ignorant, lazy.	Parents could not care for him on account of his mental condition.	Randall's Island.	Feb. 9, 1912	Transferred.	June 13, 1915	Father wished to give him a trial.	At home but getting along poorly.

16. Richard Lawrence.	IX 3 3	Improving, mischievous.	Parents separated. Mother unable to support him.	Orphan asylum.	Oct. 26, 1911. Re committed June, 1917.	Excitable, uncontrollable. Failed on trial.	Feb. 1, 1917	To give him a trial.	In institution.
17. George Mayer.	IX 4 3	Irritable, tubercular.	Deserted by father. Mother unable to support him.	Orphan asylum.	Mar. 15, 1912	Violent temper. Excluded from school. Teased by boys on the street.			Has hospital care at the institution.
18. Harriet Marvin.	VI 1 2 3	Stubborn, unresponsive.	Removed from home on complaint of neighbors of neglect.	None	May 18, 1911	Evidently feeble-minded and given improper care at home.			In institution.
19. Charles Miller.	VI 2 3		Deserted by father. Surrendered by mother.	Orphan asylum, free and boarding home under placing out agency.	Oct. 9, 1912	Cruel, mischievous, built fire, crazy over blood.	Died Jan. 31, 1917	Died of measles.	
20. Herman Moore.	IV 4 5	Quiet, stubborn, stupid.	Removed from home for improper guardianship.						All in the institution and should remain there.
Lucella Moore.	VII 2 3	Quiet, stubborn, somewhat responsive.	Removed from home for improper guardianship.	Refused at orphan asylum.	Aug. 19, 1912	All stupid, uncleanly and unable to learn.			
Stillman Moore.	VII	Good disposition, helpful but stupid.	Removed from home for improper guardianship.						In institution. Should be given careful observation and training.
21. Abram Newgate.	6 5/12	Uneven. At times good natured, at other times sullen.	Mother insane. Deserted by father.	Orphan asylum.	Sept. 16, 1913	Violent temper; would attack other children, bite and scream.			In the institution and too low grade to leave.
22. Harold Ransom.	10 9/12	Unstable, untruthful, eager to attract attention.	Illegitimate. Surrendered by mother.	Orphan asylum.	Mar. 9, 1912	Distractible. Sent for observation. Allowed to remain.			Returned to institution because he could not earn his living and should remain there.
23. Louis Rosenblum.	2 3 12	Amiable, able to do simple work.	Mother died. Father tubercular and unable to support him.	Orphan asylum, Randall's Island	Jan. 30, 1908. Re committed May 31, 1916	Extremely backward. Defect congenital.	Dec. 7, 1914	Father wanted to give him a trial.	In the institution and should remain there.
24. Elliott Rosenkranz.	14 6/12	Good natured, inoffensive. Able to do simple work.	Mother feeble-minded. Father unable to hire care for his feeble-minded children.	None	May 31, 1910	Evidently feeble-minded. Sent to institution with his mother.			

SCHEDULE I — SUMMARY OF THE CASES — (Concluded)

NAME	Age, October, 1916	Mental age, October, 1916	Trails, October, 1916	Reason for becoming a public charge	Care previous to admission by institutions or social agencies	Date of commitment to Rome	Reasons for commitment	Date of discharge	Reasons for discharge	Present status
25. Edward Summons.	7 2/12	VI	Stupid, babyish, cannot learn kindergarten games.	Mother insane. Father unwilling and unable to pay for care.	Orphan asylum	Nov 23, 1912	Uncleanly, extremely quiet. Believed unteachable.	Sept. 1, 1915	Recommended by State Board of Charities for trial.	Sent to Syracuse State Institution April 26, 1918, from orphan asylum.
26. Harry Sheldon	10	VI 1/5	Frail, apathetic	Parents separated. Neither able or willing to pay.	Orphan Asylum	May 23, 1912	Irritable, destructive and uncleanly.			In the institution and should remain there.
27. Fred Shepherd.	11 3/1	IX 2/5	Unusually amiable and obedient. Able to be helpful.	Illegitimate. Mother feeble-minded and dependent.	Hospital for treatment for rachitis. Orphan asylum.	Mar. 23, 1912	Outbursts of passion. Destructive. Unable to do first grade work at 10 years.			In the institution. May be able to work outside under good supervision.
28. Frederick Shores	11 1/12	VI 4/5	Quiet, well-trained	Mother deserted. Removed from father by Humane Society.	Orphan Asylum	July 28, 1911	Uncleanly, gluttonous. Lacked comprehension.	Aug. 8, 1914	Aunt able to care him.	Feeble-minded, but well cared for at home.
29. Howard Taylor	9 3/12	VII 3/5	Good disposition.	Father died. Mother deserted.	Orphan Asylum.	April 25, 1912	Would destroy playthings and steal.	April 3, 1916	Mother able to care for him.	At home. Neglected, slow in school. Border-line case.
30. Hiram Van Dusen.	11 4/12	VII 2/5	Quiet, good disposition.	Board was paid by father until child was sent to Rome.	Orphan Asylum.	May 2, 1912	Uncleanly and masturbator.			In institution and should remain there.
31. David Van Orman.	15 5/12	VII 2/5	Unstable, always in trouble.	Mother died. Removed from father for improper guardianship.	Free homes under care of placing out agency.	Oct. 17, 1912. Recommended Aug. 11, 1915	Failed in home. Told pitiful stories about himself.	April 5, 1915	To be given a trial. Failed completely.	In the institution. May develop insanity.
32. Philip Wagner	14 5/12	VII 3/5	Amiable, willing, childish.	Illegitimate. Mother surrendered claim.	Free home	April 15, 1912	Made attempts to burn barns. Stole money and candy. Forgetful and destructive.	April 6, 1915	To work on farm.	In a farm home under good supervision. Nearly self-supporting.

CAUSES OF FEEBLE-MINDEDNESS

Tredgold in "Mental Deficiency" (pp. 37-62) discusses casual factors which he outlines in the following form:

"A. GERM VARIATION

Factors Indicative of, or Producing, A Variation of the Germ Plasm

1. Neuropathic inheritance.
2. Alcoholism.
3. Tuberculosis.
4. Syphilis.
5. Consanguinity.
6. Age of parents.

B. SOMATIC MODIFICATION

Factors Acting Directly Upon the Offspring

- (a) Before Birth
 1. Abnormal conditions of the Mother during pregnancy.
— (1) Mental, (2) Physical.
 2. Injuries, etc., to the Foetus.
- (b) During Birth
 1. Abnormalities of Labor.
 2. Primogeniture.
 3. Premature Birth.
- (c) After Birth
 1. Traumatic.
 2. Toxic.
 3. Convulsive.
 4. Nutritional."

His definition of neuropathic inheritance is "repeated occurrence of such neuropathological states as amentia, insanity, dementia, epilepsy, paralysis, or various neuroses." This definition is followed in Schedule 2 in which the cases are tabulated under the headings of his outline. It is the custom of the Bureau of Analysis and Investigation to differentiate the factors in heredity more specifically, and a more detailed chart of heredity appears as Schedule 3 which calls attention to the part which defective germ plasm plays in the social problems of the State.

SCHEDULE 2
CAUSES OF FEEBLE-MINDEDNESS

CASE	GERM VARIATION					SOMATIC MODIFICATION								
	Neuro-pathic inheritance	Alcoholism	Tuberculosis	Syphilis	Congen- nity	Age of parents	BEFORE BIRTH		DURING BIRTH			AFTER BIRTH		
							Abnormal condition of mother	Injuries to foetus	Abnormal labor	Premo- geniture	Premature birth	Trauma- tic	Toxic	Con- vulsive	Nutri- tional
1. Gladys Baggs	Yes	Unknown.	Unknown.	Unknown.	No	No	No	Unknown.	Yes	No	No	Unknown.	No	No
2. Edward Baker	Yes	No	No	Unknown.	No	No	No	Unknown.	Yes	No	No	No	No	No
3. John Britton	Yes	Yes	Yes	Unknown.	No	Yes	No	Unknown.	No	No	No	No	No	No
4. Charles Burke	Yes	Yes	Yes	Unknown.	No	No	No	Unknown.	Yes	No	No	No	No	Rickets.
5. Helen Cleves	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
6. Eva Corbin	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
7. Harold Curry	Yes	No	No	No	No	No	No	No	Yes	No	No	No	No	No
8. Mabel Delamater	Yes	Unknown	Unknown.	No	No	Unknown.	Yes, mental.	No	No	No	No	No	No	No
9. John Depoli	Yes	Yes	Yes	Unknown.	No	No	No	No	Yes	No	No	Infantile paralysis.	No	No
10. John Hale	Yes	Yes	Yes	Unknown.	No	No	No	No	No	No	No	No	No	No
11. Harold Hammond	Yes	No	No	Yes	No	No	Wretched conditions.	No	No	No	No	No	No	Yes
12. Matthew Higgins	Yes	Yes	Yes	Unknown.	No	No	One of twins	No	Hard	No	No	No	No	Rickets.
13. Ralph Ingalls	Yes	Yes	No	Unknown.	No	No	No	No	No	No	No	No	No	No
14. Thomas Kent	Unknown.	Yes	Yes	Unknown.	No	No	Fright of mother	No	No	No	Yes	No	No	No
15. Meyer Levi	No	No	No	No	No	No	Mental dis- tress	No	No	No	No	No	No	No
16. Richard Lawrence.	Yes	Yes	Yes	No	No	No	Mental dis- tress	No	Yes	No	No	No	No	No
17. George Major	Yes	No	No	No	No	No	Mental dis- tress	No	No	No	No	No	No	No
18. Harriet Marvin	Yes	No	No	No	No	No	No	No	No	Yes	Bad fall	No	Yes	Rickets.
19. Charles Miller	Yes	Yes	Unknown.	Unknown.	No	No	No	Unknown.	No	No	No	No	No	No
20. Moore family	Yes	Yes	Unknown.	Unknown.	No	No	Unknown	Unknown.	No	Unknown.	No	No	Unknown	No
21. Abram Newgate	Yes	Yes	No	No	No	No	Mother insane.	No	No	No	No	No	No	No
22. Harold Ransom.	Yes	Yes	No	Unknown.	No	No	Yes, mental.	No	No	No	No	No	No	No

[illegible]

Tredgold calls attention to the fact which appears strikingly in this table, that partial information as to causes may prove misleading since several of them may enter into the history of one child. One appears here under six headings. Field work in the study of mental deficiency throws more and more emphasis upon the hereditary factor and close analysis of individual cases rejects some of the causal factors completely. Tredgold found that of 200 cases, 80 per cent. were the descendants of pronounced neuropathic stock. In this study 28 of the 32 cases show neuropathic inheritance; in three the inheritance is not clear, and in one case it is unknown. However, it should be borne in mind that the children of this study are inmates of a State institution for indigent feeble-minded persons and feeble-minded persons of normal stock (since they have relatives responsible for their care), are less likely to be indigent, than those of neuropathic stock.

Practically every family in the list serves as an example of the outcome of defective heredity. No. 20, the Moore family, is given below by way of illustration.

No. 20, Stillman Moore, Age 11, Mental Age VII.

Luella Moore, Age 9, Mental Age VII 2-5.

Herman Moore, Age 7, Mental Age IV 4-5.

Heredity: Father feeble-minded, criminalistic, alcoholic, immoral. Mother feeble-minded, immoral. Six living children of whom five receive custodial care. Mother's mother feeble-minded, inmate of an almshouse.

The Moore family shows the inevitable results of an heredity in both parents of feeble-mindedness and emphasizes the desirability of bringing to an end strains which produce mental defectiveness and social problems similar to those illustrated here. The economic cost of such a family is discussed under the case of the Corbins, No. 6, (p. 126) but the community cost of immorality and crime cannot be estimated. Four of the children are in the Rome State Custodial Asylum, one is in the Syracuse State Institution, the maternal grandmother is in the county almshouse, and during the time that the father is in the county jail the mother lives with other men for her support. The children in the

institutions range in age from 8 to 17 years, and as no opportunity should be given for them to continue the line they should remain custodial cases for the rest of their lives.

The Parents: The father of these children is an immense man with dull blue eyes, feeble-minded, alcoholic and immoral. He makes a tool of his feeble-minded wife and encourages her immorality as a means of bringing in a little money as he is badly ruptured and not able to do much work. At the time the children were removed from home he was sent to jail for assaulting Gertrude, his 12-year-old daughter. This man as a child was deserted by his father and brought up in a free home. Moore's mother is said to have been normal and there were no other children.

The mother of the children, Anna Moore, is a woman between 35 and 40. She was the illegitimate child of a feeble-minded woman, and was brought up by the man supposed to be her father. She could not learn in school and was never considered bright. She has no will power, is amiable and suggestible. She is plainly the victim of circumstances for people who have known her many years say that she has never made advances to men and that her immorality is due to her associates. She has a half-sister who is normal. Her mother, Martha, as stated, is feeble-minded and after the death of her husband lived with an unprincipled old woman who exploited her for immoral purposes until she was placed in the county home for protection. She is of low grade mentality, acts like a bashful child, and does not remember how many children she has had nor the name of her mother. This old woman has one sister, also feeble-minded whose children are immoral, criminalistic and alcoholic. It is reasonably sure that Martha's mother was also feeble-minded, thus making a strain of mental defect through the fourth generation, but it was not until this generation that the public conscience became sensitive enough to protect the children.

The Children: Conditions in the Moore family became so bad that the local overseer of the poor removed the children. Drunken men were frequenting the house and the

mother and Gertrude, then twelve years old, would dance for them until they were tired, then all of them would go to bed. Gertrude was sent to a reformatory for training but a short acquaintance showed that she was a subject for an institution for the feeble-minded, hence she was sent to the Syracuse State Institution. She is now 16, a girl singularly refined and gentle in manner, kindly disposed, happy and industrious. She is happier in the institution than she was at home and has no desire for her so-called freedom. She has a slender face, black curly hair, blue eyes, large nose and dimpled cheeks. Long weak fingers, with bitten nails, betray more than any other feature her degenerate heritage. Mentally at 16 5-12 years of age she grades VIII, with a basal year of VII. Four years ago she had a mental age of VII with a basal year of V, hence there has been one year's mental progress in the last four. Endowed with physical attractiveness and amiability she deserves, emphatically, the protection which she is now receiving lest she become the victim of evil circumstances as did her mother.

The four children next younger were sent to an orphan asylum at the time Gertrude was sent to the reformatory. After a very short acquaintance the orphan asylum refused to keep them on the ground that it was unfair to the other children to have them mingle with the Moore children. As they were considered feeble-minded, admission to the Rome State Custodial Asylum was gained for them in August, 1912. At that time Herman was but three years old, quiet and appealing, and it seemed that the commitment of the children to the institution was wholesale and based upon very uncertain diagnoses. Their subsequent history has vindicated the action.

Sylvia, the oldest of the children at Rome, is a stupid, stolid girl of 13 years, well-behaved, quiet, gentle and cooperative. At 11 years of age she was graded V 4-5 mentally.

Stillman, while a hopelessly feeble-minded child, is notable for his good disposition and his desire to be helpful. His work in the kindergarten is good, but his mental progress is extremely slow.

Date of Examination	Age	Mental Age	Retardation
January, 1913	8	IV 3-5	3 1-2
October, 1914	9	V 4-5	3
October, 1915	10	VI 4-5	3
October, 1916	11	VII	4

Luella, age 9, is the most promising of the children. She has a remarkably amiable disposition until crossed or urged to do something for which she lacks confidence, in which case she is stubborn and unresponsive. Her retardation thus far is not great.

Date of Examination	Age	Mental Age	Retardation
December, 1913	6	V 1-5	1
October, 1914	7	VI	1
October, 1915	8	VI 4-5	1
October, 1916	9	VII 2-5	1 1-2

Herman, age 7, was only 3 when he first entered the institution and it seemed unjust to call such an appealing baby a subject for custodial care. The last year has justified the diagnosis. He is not attentive, does not concentrate and is stupid, silly and stubborn. At times he is alert and mischievous, but when wanted for an errand he is very dull. He is uncleanly at night. His mental progress has been slow.

Date of Examination	Age	Mental Age	Retardation
October, 1914	5	III 1-5	2
October, 1915	6	IV 3-5	2
October, 1916	7	IV 4-5	2

There is still a younger child whose mentality has not been determined. At four years of age she did not talk, was quiet and spiritless.

Two children died in infancy.

The Cost: Computed upon the same basis as the cost of the Corbin family, No. 6 (p. 126), it is costing a yearly sum of \$800 to maintain these children, four of whom are in Rome and one in Syracuse. This burden the State can well

afford to bear as a preventative of similar conditions in the next generation. Furthermore, these children are sadly in need of the protection they are receiving.

ALCOHOLISM

In this report two main classes of persons are listed as alcoholic, i. e. first, those who drink large amounts habitually; and second, those who drink until the effect carries them beyond the point of self-control. It is found in the heredity of 18 of the children, is absent in 11, and unknown in 3. But, as Tredgold points out, it is associated with feeble-mindedness in a large proportion of cases. The evidence in this group of family histories is to the effect that alcoholism, like ugly temper, is one phase or manifestation of an existing mental deviation. The action of alcoholism in the parents upon the children may be in its effect upon the germ plasm or, if the mother takes alcohol, upon the growing embryo. In this group of cases there were but two in which the mother was alcoholic, No. 14, Thomas Kent, and No. 6, Eva Corbin (p. 126). The latter case is evidently one of neuro-pathic inheritance but No. 14, Thomas Kent, is described below as a possible case where the alcoholism of the mother may account for the greater inferiority of the younger children.

No. 14, Thomas Kent, Age 13 9-12, Mental Age VI 4-5.

Heredity: Father alcoholic, tubercular. Mother alcoholic. Two brothers normal, one subnormal. Maternal cousin moron, with a reformatory record.

The Parents: Judging from the evidence of two interviews, the mother of Thomas is alcoholic but can hardly be considered feeble-minded although she is of the slovenly, ignorant type. By her first husband, of whom no description was obtained, she had three children, the two older of whom are normal and desirable citizens, while the youngest is a self-supporting subnormal boy. By her second husband who was a confirmed alcoholic she bore the patient, an imbecile, and twins who died at birth.

The Patient: Thomas is one of the lowest grade patients in the list under consideration. At 13 years of age he tests VI 4-5 mentally, is not cleanly at night, has had sexual

habits, and stirs the other children up to mischief, protesting at the same time that he is innocent. He is a sturdy boy with a straight, narrow forehead, large blue eyes which are very near-sighted, a flat nose, and a large mouth which is usually open and sore at the corners from keeping his tongue hanging out.

His mother states that he was a healthy baby, was breast-fed, and the only illness that is reported is measles. He was sent to the orphan asylum at two years of age because at that time his father was drinking so badly that he did not support the family. His mother states that when she took him home again at five years of age he did not talk but began soon after. As he failed to learn both in the public and parochial schools she kept him at home to protect him from the teasing of other children. At six years of age he was brought into court for wandering on the streets, but was discharged to his mother the next day. When he was nine years old he was again brought into court on the ground of neglect as it was stated that he was on the streets, that he was wild and mischievous and easily led into trouble and that his mother drank to excess. With the consent of his mother he was sent to Randall's Island and from there on October 17, 1912, to Rome. There has been little change in his condition since he has been in that institution.

Date of Examination	Age	Mental Age	Retardation
June, 1913	10 5-12	VII	3 1-2
October, 1914	11 9-12	VI	5 1-2
October, 1915	12 9-12	VI 4-5	5
October, 1916	13 9-12	VI 4-5	5

This boy is a slum product of alcoholic parents. The father's family could not be investigated as they are all in Ireland, but a nephew of the mother was seen. He is a high grade, egotistical moron with a reformatory record. Further information in regard to the heredity might have revealed other evidence of neuropathic inheritance but it is possible that the alcoholism of the mother may account for the deficiency of the younger children being greater than that of

the older ones. For, as stated above, her two oldest sons are normal, her third is subnormal, Thomas is feeble-minded, and twins did not survive birth.

In this group of family histories alcoholism is confined almost exclusively to the males, for in contrast to the two alcoholic mothers there are seventeen alcoholic fathers. Eleven of the seventeen alcoholic men have married feeble-minded wives, while but three of the eleven are themselves feeble-minded. The frequent occurrence of mating between alcoholic men and women so feeble-minded as to be unattractive, calls for an explanation, and in the Burke family a clue is found. Other field work bears out the fact that such marriages frequently are consummated while the man is partly or wholly intoxicated.

No. 4, Charles Burke, Age 6 10-12, Mental Age III 2-5.

Heredity: Father a pronounced alcoholic, criminalistic, and tubercular; not feeble-minded, and from a decent family. Mother feeble-minded; her father an almshouse inmate, and her mother insane.

The Parents: Charles, Sr., the father of the patient is a man of fair mental ability, from a self-respecting family, but he is a weak-willed and an extreme alcoholic. He drank heavily even as a boy but his moral fibre disintegrated while he was doing military service in the Philippines, and on his return talked of the colored women and drank incessantly. May, the mother of the patient, is a silly, amiable feeble-minded woman, with a mentality estimated at VIII years. She was brought up in a fair home but she amused herself by hanging about the streets because she was so foolish and untidy that she had no companions. The first night that Charles was home from the Philippines while he was drinking with his friends he announced, "Boys, I am going to get married." On a street corner he found May and called, "Come, May, let's get married," and a minister married them! The rest of the story may be imagined. Charles never provided for his family, was abusive when intoxicated, was her superior when sober. May did not know enough to keep house or take care of her baby. She was an unde-

sirable inmate at the almshouse because her drunken husband was continually hanging around and for the same reason she was undesirable as domestic help. It was finally arranged that the baby, the subject, should be sent away. May now works for a kind mistress who manages her expenditures and gives her change for spending money. She has had no children since little Charles, and has fairly good supervision through the Associated Charities and her mistress. Charles is given frequent jail sentences since that is the most convenient way to support him. He is tubercular and doomed to an early death. Thus, the biological law is at work in cutting off a line which deviates too far from the average.

The Patient: Charles was born December 8, 1907, the only child. He was cared for in a haphazard way by his mother until she had to go to the almshouse. Then he was sent to an orphan asylum. She says that he was never sick, but the anterior fontanel had not closed at two years and four months when he went from her. The orphan asylum matron could not train him to be cleanly for he was stupid and unteachable. After considerable difficulty the consent of the mother was obtained to send him to the Rome State Custodial Asylum where he was admitted when but a little more than two years old.

Extreme caution should be used in making a diagnosis of feeble-mindedness of a two-year-old child, but in this case the early decision was entirely justified and could have been made upon physical stigmata alone. His head was unusually malformed with bosses and hollows. His dull expression and broad-set eyes, narrow ears set low on his head, nose with broad base, open mouth, high palate and receding chin make a picture of a child defective both physically and mentally. On the wards he was too stupid and distractible to be of any use, was uncleanly, and his speech was so defective as to be hardly intelligible. His death which occurred September 8, 1915, was due to an accident. A winding stair, protected by a banister of ordinary height, leads from the ward to the outside door and over this scores of children pass daily

without accident. Charles was found in a crushed heap at the bottom of these stairs and there was no one who could tell whether he had been pushed by another child or whether he had lost his balance and fallen headlong. He died in a few hours from a fractured skull. The autopsy was carried only far enough to establish the cause of death. Notes from the protocol follow:

"Head abnormal in shape, a marked bulging being present over the middle line of the bregma. . . . Over the right parietal bone there is an area from which the bone is absent, the bone is very thin at the edges. A fracture extends from right to left transversely and obliquely forward, crossing the squamosis portion of the temporal bone and extending to the base of the skull. At the base of the occiput there are three round holes connecting with the cranial cavity through which there is a considerable exudation of blood."

Mental examinations gave the following result:

Date of Examination	Age	Mental Age	Retardation
December, 1913	5	III 2-5	1 1-2
October, 1914	6 10-12	III 2-5	2 1-2

While the retardation was less than three years the intelligence quotient was approximately 50, a very low one especially for the early years of 1911 American Revision of the Binet Scale. He was of the imbecile grade.

The family is one of city dwellers. Charles passed most of his life in an institution and members of the family have been public charges.

The Father's Family: The father and brothers of Charles, Sr., are men of ordinary ability and do not drink. They have been humiliated by his conduct.

The Mother's Family: May's father belonged to the fast set when young, did clerical work, and did not drink badly enough to make him lose his position. At 65 years he had a stroke of paralysis and has been an almshouse inmate since. His sister was a drug user. May's mother was a bright woman, insane for some years before her death. She was well-connected. Her father and one sister were teachers,

and a brother-in-law is a wealthy banker. May's half-sister is a bright woman.

The third case illustrating the subject of alcoholism shows that even with such an unpromising combination as a feeble-minded and insane mother, and an alcoholic father from poor stock, there is still a possibility of a normal child. To predict the outcome of a given mating is daring in our present state of knowledge. Both parents and the children are described at some length to indicate the hereditary factors and the results.

No. 25, Edward Sammons, Age 7 2-12, Mental Age VI.

Heredity: Father low normal, alcoholic, immoral. Mother feeble-minded, insane. Father's family day laborers; brother alcoholic; sisters immoral. Mother's family: Two sibs epileptic, several nephews and nieces cared for in an orphan asylum.

Fraternity: One sister superficial, subnormal. One brother normal; one lacks power of concentration; one has tendency to chorea; one died in infancy.

The families on both sides were originally from a small village without railroad connections, but they have since moved to a neighboring small city. Both sides of the family show cases of alcoholism and immorality, and on the mother's side are also epilepsy and criminality.

The Father: Known as "Big Ed", was born in 1880. He has been a hard drinker most of his life, never supported his family so that they had enough to eat, and abused his wife. He does ordinary laboring work by the day and has the intelligence of the American day laborer. The neighbors consider him a bad character rather than mentally deficient. He does not steal, but has been arrested for immoral conduct. Since his children were removed in 1912 he has paid practically no attention to them. He is a low normal in intelligence, a confirmed alcoholic, and sexually immoral.

The Mother: Mary, born 1883, was the youngest child of a fraternity said to have consisted of fifteen children. She could not read nor write, was married at 16, and had her first child at 17 years of age. A year later she became

insane and was sent to a State hospital where she remained four months. Ten months after her return a child was born and she had three more children at intervals of two years each. When she was pregnant for her sixth child conditions at home became so unbearable that she sought protection at the county almshouse. From there she was sent to the observation ward of a hospital and two months later, after her child was born, to the State hospital. Here the diagnosis of imbecility with insanity was made and she is believed to be incurable. After her marriage her life was a very hard one, her husband was drinking constantly, was abusive, and did not provide for his family. Relatives think that she never recovered from her first attack of insanity and her hard life brought about its recurrence in a hopeless form.

The Children: Pearl, born January, 1900. When the home was broken up in 1912 she was placed in an orphan asylum, then soon after was given to a child-placing agency. Under its care she was placed in five different homes from each of which it was found best to remove her. She is a superficial, impulsive girl, easily influenced and easily pleased. She says that she did not care for school, but finished the eighth grade. At 15 she planned to marry an Italian but was dissuaded in an hour's conversation and quickly forgot him. In the last home where she was placed she suddenly married the son of the family. She says that she did not really want to get married that day, she wanted to go on a picnic, but he persuaded her to do so. She soon tired of married life, left her husband and sought her relatives whom she had not seen since she was a child. All of this happened before she was 17 years old. She is a sub-normal and her conduct seems to be largely dependent upon her surroundings.

Dan, born 1903, is a tall, well-developed boy, manly and attractive, the most promising of any member of his fraternity. He was a misfit in the first farm home in which he was tried, but in the second one he has lived without friction. At 13 years of age he is in the fifth grade in everything except geography which he does not like. His

teacher reports that he is one of the best pupils in the country school. He is ambitious and is looking forward to learning the carpenter trade. Mental age XI 4-5 years at 13 years of age.

George, born 1905, was seven when placed in an orphan asylum and has remained in one to date because it was felt that he should be kept under observation. He is not mean or troublesome, but lacking in power of concentration and reasoning, and is a peculiar child. When he outgrew the institution in which he was first placed he was transferred to another and there where he is in competition with older children he has improved so that the latest report is that he is doing average fifth grade work. At 11 years of age he grades IX 5-12 years mentally. The indications now are that he will develop into a good citizen.

Lawrence, born 1907, is a problem to the placing-out agency in whose charge he is, for he has been in a free home and in boarding homes, and is not satisfactory. At 8 3-12 years of age he is doing fair work in the 1-B grade in school, and was removed from one boarding home because of incorrigibility in school. By the Binet tests he grades IX 1-5 years mentally. He is a nervous, restless child and at the psychological clinic where he was taken for examination the report was made, "We find this boy to be of normal mentality. He is obviously a neurotic child with definite tendencies to chorea."

The Patient: Edward Sammons, born August 12, 1909. When three years old the insanity of his mother made it necessary to send him to the orphan asylum. There he seemed such a hopelessly untrainable child, as he was uncleanly and cried all the time, that they refused to keep him. A second orphan asylum was appealed to which consented to keep him until other plans could be made. He was admitted to the Rome State Custodial Asylum November 26, 1912. There he made some progress, learned to be cleanly, and with his baby ways was a favorite on the wards. He and No. 2, Edward Baker (p. 116), were classed together. At 4 years of age he tested III 4-5 years mentally, and it seemed

fair to give him a chance to live with normal children. Hence, in August, 1915, he was sent to an orphan asylum. But the hopes of his normality were without foundation for he could not hold his own with children of his own size and age, and in the nursery where both sexes were together he was undesirable on account of his size. He could not learn kindergarten games as children two years his junior did, and did not play with the other children. At 7 years of age he could not respond to ordinary first grade methods of instruction.

When first seen by the investigator in 1914, he was a chubby, blue-eyed boy with attractive baby ways and aside from his narrow forehead and flat nose there was nothing abnormal in his appearance. He was then at the height of his attractiveness. Even before he had left the institution his baby face did not correspond to his larger frame, for he had grown taller and his expression had become more stupid.

According to the Binet tests his retardation has not been more than one year at any time. Considering the liberality of the tests at the lower levels, this is more serious than a corresponding retardation in an older child. An advance of one year and four points occurred when his environment was changed from the custodial institution to the orphan asylum, no doubt due to the stimulation of intercourse with normal children. That this was not lasting is shown by his lack of progress during the next year. The grading in 1916 was a liberal one since the definition in VI and the descriptions in VII were accepted although poor.

Date of Examination	Age	Mental Age	Retardation
December, 1913	4 4-12	III 3-5	1-2
October, 1914	5 2-12	IV	1
November, 1915	6 3-12	V 3-5	1-2
October, 1916	7 2-12	VI	1

Edward stayed on in the orphan asylum until April 26, 1918, when he was admitted to the Syracuse State Institution.

The youngest child died at two months of age.
The summary of the children given below shows that despite the poor hereditary prospects of the children, Edward is the only one who can be considered feeble-minded.

NAME	Age	Mental age	School grade	Characteristics	Estimate
Pearl.....	16 3/12	.....	Finished VIII grade.	Superficial, easily influenced, shallow.	Subnormal.
Daniel.....	13	XI 4/5	V.....	Manly, reliable, ambitious.	Normal.
George.....	10 5/12	IX.	V.....	Lacks in concentration and judgment.	Retarded, lacking stability.
Lawrence.....	8 3/12	IX 1/5	I.....	Nervous, tendency to chorea.	Not feeble-minded, but neurotic.
Edward.....	7 2/12	VI	Falls in I.....	Stupid, babyish, cannot learn kindergarten games.	Feeble-minded.
Paul died at 2 months.					

TUBERCULOSIS

Tuberculosis occurs in one or both parents in one-third of the cases but a careful scrutiny of the individual cases does not show a single one where it was the probable cause of mental defect in the child. The combination of neuropathic inheritance, alcoholism, and tuberculosis appears six different times. This is according to expectations for the mentally defective are often of weak constitutional make-up, the use of alcohol further weakens the system, and the conditions of extreme poverty which prevail in families of the alcoholic feeble-minded, with the accompanying lack in proper food and sanitation, foster the disease. It may be that tuberculosis plays some part in weakening the germ plasm.

SYPHILIS

The information which can be obtained upon this subject by field work methods is fragmentary and unsatisfactory since the precision of laboratory diagnosis cannot be obtained. Fourteen of the cases are tabulated as unknown, and seventeen as negative when the probabilities were strong that it was absent or when there was a physician's statement to that effect. In one family in this group, No. 11, Harold Hammond, there is a definite history of syphilis, but the hereditary factor of feeble-mindedness would have accounted for the mental deviation of the children. It is probable that syphilis played a definite part in the mental condition of Harold and his sister Frances.

No. 11, Harold Hammond, Age 9 6-12, Mental Age IX.

Heredity: Mother syphilitic, immoral, and feeble-minded. Father ugly and alcoholic, probably syphilitic. One sister inmate of Syracuse State Institution. One brother normal. Other sibs too young for diagnosis. Half-sibs: Two normal, one unknown.

The Parents: Harold was the third child of an illegitimate union which produced nine children, of whom seven are living. The father is a farm laborer, ugly and alcoholic, but a better citizen than his so-called wife who is immoral, syphilitic, mean to her children, and feeble-minded. At the time that Harold was three years old the family consisted of Hammond, this woman, and three children. They were so wretchedly poor that when they moved into a new locality the neighbors fixed up an old schoolhouse for them to live in, the result of which was that they established a residence in that county, greatly to the disgust of the poor-law officials. When the same kindly neighbors later became unable to endure the sight of children living under the conditions which existed in the family, they bodily removed them and deposited them on the steps of the nearest orphan asylum. So filthy and diseased were the children that the matron refused to admit them, and they were taken to the county almshouse. There it was found that dirty black stockings covered a mass of open syphilitic sores on the legs of Frances, and Harold had an active syphilitic sore on his nose and upper lip. The baby appeared unharmed and was sent to an orphan asylum. Harold and Frances were sent to a hospital for treatment and from there Frances was transferred to the Syracuse State Institution, and Harold to the Rome State Custodial Asylum. The parents moved to another town and escaped observation until they were found after considerable search in this investigation.

The Patient: Harold was admitted to the Rome State Custodial Asylum April 20, 1910, when, according to his mother's statement, he was three years old. He was kept on specific treatment for several years, until in 1915 negative Wasserman reactions were obtained. In the meantime his

mind was developing normally as shown both in his school work and by the Binet tests. The results of the tests are as follows:

Date of Examination	Age	Mental Age	Retardation
1913	6	VII	0
October, 1914	7 6-12	VIII 1-5	0
October, 1915	8 6-12	IX	0
October, 1916	9 6-12	IX	1-2

Thus it seemed that he was not a feeble-minded child and hence not a proper subject for Rome. He was discharged to the superintendent of the poor in October, 1915, and was placed in a boarding home since which time he has led a turbulent and unsatisfactory life. In the first place he is a repulsive child for the septum of his nose is eaten away and his upper lip badly scarred by the syphilitic sores. Bright eyes counteract the effect of this to some degree. An excellent home could hardly be found for such a child and he has not been trained in the ordinary courtesies of home life. But his greatest handicap is his ugly disposition. Were it not for the fact that his father has a similar disposition it might be explained that the fights with other children and meanness to animals is a defense reaction resulting from sensitiveness for his disfigurement. Some of his quarrels arise from his effort to hold his own with the other children, but this does not account for his abuse of the farm animals where even the puppies are afraid of him. In doing errands he is less dependable than the average child. At 9 6-12 years he is doing average work in the third grade in school and has been promoted each year since he entered. Here, then, is a boy of average intelligence but with an abnormally bad disposition whose appearance is so repulsive that it is undesirable to have him mingling with other children. His future looks dark.

The Fraternity: Frances, the older sister, is in the Syracuse State Institution, where her conduct is good but her work poor. Mentally she grades VII 2-5 years at 14 4-12 years of age. She is a frail, stupid-looking girl with scars

on her lips and neck, and one cornea opaque. This is reported to be due to congenital cataract although Hammond says that it came from an injury when her mother struck her in a fit of anger. Her nose is broad at the base, her jaw long, and her tongue can be protruded a long way. She is distinctly a custodial case but it is not clear whether syphilis was the direct cause of feeble-mindedness, or whether that was a congenital condition to which syphilis has been added.

The next two children died in infancy from improper feeding. John, the next child, has been in the orphan asylum since he was removed from the family. He is affectionate and appears normal. His mental grading of VI 2-5 years at the age of 6 makes it safe to consider him a normal child. No family has been willing to take him after learning the trend of his family heredity.

The four younger children are all at home, untrained, uncared for, saucy and profane. The least promising of these is George, age 6 3-12, mental age IV, stubborn, saucy and hard to control. It is believed that he will eventually prove to be feeble-minded.

The next two younger children are said to have good dispositions and to respond readily to training. The baby of less than a year old is healthy.

By a previous marriage the father had one daughter of whom no description was obtained as she is in a distant state. The mother had two children by her legal husband before she began to live with Hammond. The older of these is a fully developed girl of 18 years who from the time that she was adolescent showed that she needed protection. A few months after her foster-mother died the girl became pregnant and now has an illegitimate child. She has always been untruthful, is fairly satisfactory as a domestic, but would willingly spend all day doing a few odd jobs instead of getting them done. She is a subnormal girl with immoral tendencies. The other girl was adopted when very young. At 16 years she has begun high school work and is normal as far as can be ascertained.

Little information can be obtained concerning the father's family. His mother is described emphatically as a good, normal woman. His father was a confirmed alcoholic. No description of his only sister was obtained.

Tuberculosis and immorality characterize the mother's family. When they were young the names of the patient's mother and her sisters were a by-word in the village for immorality, but the mother was the most immoral of them all. She could not learn in school. Their father is an alcoholic; their mother died of tuberculosis.

CONSANGUINITY OF PARENTS

No case in this study showed consanguinity of parents.

AGE OF PARENTS

This was probably not a causal factor in any of the cases. In No. 3, John Britton, there was a wide difference in the ages of the parents but as both were feeble-minded also, the advanced age of the father was not a primary cause of mental deficiency.

SOMATIC MODIFICATIONS

These include the happenings to the individual from the beginning of life through infancy. Information in regard to the early infancy of a child must usually be obtained from the reports of the mothers which cannot be checked, and the low grade of intelligence of many of the mothers often makes the information of such doubtful reliability that it must be discarded. The study shows some cases where the factors considered responsible for somatic modification have been present.

ABNORMAL CONDITIONS OF MOTHERS DURING PREGNANCY

With four possible exceptions, No. 15, Levi, No. 17, Major, No. 23 Rosenblum, and No. 24, Rosenkranz, the mothers were living under conditions of pronounced poverty before the births of these children, or else the child was illegitimate. Both conditions should result on the part of the mother, in mental distress, and in lack of proper parental care. This condition is listed in

the table only when extreme. Ten of the cases come under this heading. In two of these the mother was insane during pregnancy. In No. 15, Meyer Levi, the fright of the mother is the assigned cause of the child's mental condition.

INJURIES TO THE FOETUS

None are reported.

ABNORMALITIES OF LABOR

No instrumental births are reported. Three were difficult. It is not the assigned cause in any case.

PREMATURE BIRTH

This occurred twice: No. 17, George Major, and No. 23, Louis Rosenblum. In each case it is indicative of abnormal development, and it is the only cause in this outline which can be assigned for the condition of No. 23, Louis Rosenblum. One healthy normal child was born after Louis and the father was probably not tubercular at the time of his birth.

TRAUMA

No. 15, Meyer Levi, was injured at the age of four years but there were indications of abnormality before that time. No. 17, George Major, also showed evidence of mental deficiency before he had his bad fall.

TOXINS

In one case, No. 10, John Hale, the mother reports an illness which she called infantile paralysis. The reliability of that report is open to question. No. 11, Harold Hammond, was subjected to the effects of syphilis. A case of particular interest is No. 26, Harry Sheldon. The children in that family show a peculiar susceptibility to disease but aside from that the history does not differ greatly from that of many other families in this study. The decisive question is the mental condition of the children before the attack of scarlet fever, and that, unfortunately, cannot be ascertained.

No. 26, Harry Sheldon, Age 10, Mental Age VI 1-5.

Heredity: Father abnormally ugly, a gambler, social misfit. Mother, feeble-minded, roving disposition. Father's family, intelligent, of good social standing. Mother's mother, insane.

Fraternity: One sister feeble-minded; the other with a bad disposition.

The Environment: The environment of these children in their early years is shown by abstracts from the records of two charitable organizations before the family was broken up in 1911. "The house in filthy condition; the family living in two rooms with no outer windows. Light obtainable from opening door into hall. Man is a gambler. The landlady says that the woman was cruel to her children and beat them unmercifully. Children have very little clothing. Woman fought with her husband." The other record is similar: "Woman married at the age of 17 years. Man a common gambler. Tried to force his wife to earn money by leading an immoral life. Woman advised to leave her husband which she did on several occasions but always returned to him after a short absence. Man brought before the judge several times on complaint of his wife." The children were finally sent to an orphan asylum from which Harry was sent to the Rome State Custodial, but when shortly after the parents requested their children because they were leaving the city, the other two children were released to them.

The Patient: Harry was born October 23, 1906, the second in line of birth. His mother was 20 years of age at the time. It was a hard birth, a breach presentation, and the child was nearly smothered. When a few months old he became fretful and irritable. At two and a half years he was in the hospital twice for treatment for rachitis. He talked a little at two years of age but did not walk until he was three. At four years he had hospital treatment for scarlet fever and diphtheria together. When about five and a half he was pushed down stairs by his father, and his mother thinks that it was after this fall that he became so unmanageable that he was sent away. This combination of

disease and injury might be considered accountable for his feeble-mindedness, but the fact that his older sister is also feeble-minded, and further that he was fretful and irritable before he had any of these disorders suggest that the underlying cause is the hereditary one.

He is now a child of 10 years, frail and weak, frequently in the hospital on account of a running ear; sometimes sul-
len, sometimes quarrelsome, but more often apathetic. Con-
sidering his lack of strength he is a willing worker in the
wards. He still has nocturnal enuresis. His mental prog-
ress during the last four years has been slow, and there is no
prospect now of his advancing to a mental status where he
may be useful to any considerable degree.

Date of Examination	Age	Mental Age	Retardation
June, 1913	6 8-12	IV 3-5	2
October, 1914	8	V 1-5	3
October, 1915	9	VI	3
October, 1916	10	VI 1-5	4

The Fraternity: The history of the older sister, Mabel, is similar to that of Harry. She was the oldest, the birth was with instruments. She was normal in size, was a good healthy baby, walked at about 18 months, and talked at 2 years. She had scarlet fever and diphtheria together, at the same time Harry did, measles when she was 10 years old, and tonsilitis at 11 years. Her environment at no time has been favorable as she was teased while at home, and since her mother has had her in boarding homes she has been moved many times and has had to devote her whole time to the care of her little sister. She is now a child of 11 4-12 years, stupid and colorless, a mouth breather with adenoids and a high palate. Her nails are badly bitten. Mental age VI 2-5 years. She is not able to do the advanced work of the first grade in school. She has an amiable disposition, is not troublesome, but takes little interest in anything and is extremely dull. The report of the psychological laboratory where she was examined states: "There is marked malaise and instability of bodily control; the pupillary reflexes are

exaggerated and there is present a general degree of enervation and poor physical resistance."

Harry is the next in line of birth and following this was a girl born just two years later, who died at 19 months. Her mother states that she had begun to talk before she died.

While the investigation was in progress the youngest child, Alice, was in a hospital with a mild case of scarlet fever, so no mental examination could be given. She is 4 5-12 years old, has adenoids. With careful management she is clean at night. She is stubborn and "stormy", and has an "awful temper." Mabel has been obliged to devote all of her time to her to keep peace.

The Parents: Harry's father is from a good family. His father was a successful druggist, his mother a writer for magazines. His brother is a railroad conductor. Harry, Sr. was educated in a private school, has a fair education, and is said to be rather clever with figures. He has worked at various things and has earned from \$12 to \$18 per week, but is a gambler and has not provided for his family. He seems to have an abnormally bad disposition. His father wrote that his son had not been satisfactory from childhood; that he was willful, headstrong, and always a source of grief, trouble and anxiety. He is a bully and goes out of his way to be mean and disagreeable. At the time that Harry, the subject, was examined for admission to Rome, the father was also pronounced feeble-minded, but it is difficult to understand upon what grounds, unless upon the ground of his poor social reactions, as he is able to hold fair positions.

The mother, Lillian, was the child of an insane mother. At the age of 10 years she was placed in the care of a child-placing agency and from that time until she married her life was one of constant moving from one home to another. There are no recorded complaints against her but whether this constant changing was a matter of disposition or whether it established a roving habit is not determined. At any rate her married life was a continuation of her wandering. She was not satisfied anywhere and they moved from one place to another. In their four years stay in New York they estab-

lished a residence, and thus Harry became a charge upon this State. They have since left the State.

Harry's parents are now living apart and as Lillian left him the man claims that he is not obliged to contribute to the support of his wife or children. Being entirely untrained she has a hard struggle to support herself and pay the board for the two little girls. No evidence of immorality was obtained but her history shows the instability and poor judgment associated with the moron.

The children, then, are of a lower grade of mentality than their parents. Physical inferiority has made them particularly susceptible to disease. It is open to consideration whether the illnesses were a determining factor in producing feeble-mindedness in mental constitutions already impaired, or whether the actual feeble-mindedness existed before the scarlet fever infection.

CONVULSIONS

Special inquiry was made for infantile convulsions, but they were reported in but two of the cases. In 27 cases they were denied, and in three cases information could not be obtained. They were not the assigned cause in any case.

NUTRITIONAL

Rickets were found in five cases and absent in twenty-seven. In each of the five cases, however, there is the fundamental condition of neuropathic inheritance.

Thus an examination of all of these cases according to Tredgold's outline shows that the evidence is strong that neuropathic inheritance is the most potent cause of mental deficiency. This is in accordance with his findings.

EARLY MANIFESTATIONS OF MENTAL DEFICIENCY

One of the difficult problems confronting child-caring agencies is the disposition of young atypical children, too advanced to be diagnosed as mentally defective, yet so abnormal in behavior as to preclude their care as normal children. In reconstructing the early history of the children of this study it is found that as young children many of them were unmanageable, difficult to control, or given to peculiar mischief or tricks which made them a problem. Later, perhaps at the age of eight or ten, they begin to assume what we have come to consider the more typical feeble-minded traits. No. 19, Charles Miller (p. 137), and No. 32, Philip Wagner (p. 152), are notable examples of this "settling down" process. No. 21, Abram Newgate, is described below as one who has shown marked peculiarities in infancy, but whose retardation is still not great. No. 5, Helen Cleves, is of interest because her younger brothers and sisters show the same traits appearing at different ages. The case of No. 29, Howard Taylor, shows that it is almost an accident that certain children reach the State institution.

No. 21, Abram Newgate, Age 6 5-12, Mental Age V 1-5.

Heredity: Mother feeble-minded, tubercular, insane. Father alcoholic, immoral. Fraternity normal.

The diagnosis of the mental condition of young children who present striking peculiarities is a problem of grave importance, since upon it the future welfare of the child so largely depends. Abram is a child who at six years of age is but one year retarded, yet the early diagnosis of feeble-mindedness seems justified upon the basis of his behavior.

The Patient: With his expansive grin, large crooked mouth, projecting ears, slanting left eye, and eyebrows almost invisible, he presents an amusing appearance. He was born in May, 1910, the third in line of birth. The insanity of his mother began before he was born; the birth was natural and not especially hard. Even as a baby he was recognized as "queer" for he screamed and cried unnatu-

rally. In babyhood he had kind and ordinarily intelligent care from his grandmother, but when he was two years of age his father took him to an orphan home, since which time he has been a public charge. The following account of his behavior is given at the orphan asylum where he remained a year: "This boy had a violent temper which would show itself several times a day without any cause whatever. At such times he would attack the child nearest him, bite it anywhere, on the face, arms, ears, and so on. When checked he would throw himself on the floor and kick and scream. No one could manage him except the matron. At the most unexpected times he would attack the other babies. At times he would march around the room with an expressionless stare and both arms raised. When quiet and quite normal he was pleasing and affectionate. Because these violent attacks became more frequent and dangerous to the other children as well as to himself, for he would bite his own arm when he failed to get hold of the other children, the doctor agreed that it was necessary to remove him."

He was admitted to the Rome State Custodial Asylum in September, 1913. On the wards where he is in competition with children as large and strong as himself the danger of his injuring his ward mates is eliminated. He does not throw himself on the floor and kick and scream, but his unevenness of behavior persists. There are days when he is good-natured, talkative and happy; on these days he responds so well in kindergarten work in using his imagination and acting out stories that his teacher doubts if he is a custodial case. On other days both in the class work and on the wards he is sullen and unresponsive, stubborn and silent.

The mental tests show that he has been making progress ever since he has been under observation. In 1914 and in 1915 his basal year was III; in 1916 he raised this to IV. At no time has his retardation been more than a year. Thus, on the basis of the Binet tests he is not diagnosed as feeble-minded. He has a good working vocabulary for a child of his age and opportunities, uses complete sentences, and gives animated descriptions of pictures.

Date of Examination	Age	Mental Age	Retardation
December, 1913	3 7-12	III	1-2
October, 1914	4 5-12	III 2-5	1
October, 1915	5 5-12	IV 4-5	1-2
October, 1916	6 5-12	V 1-5	1

The unevenness of his behavior and the peculiarities noted since babyhood are probably the early indications of a condition of high grade, unstable feeble-mindedness. The practical handling of the case demands that he be given training as intensive as possible, since if he should become more stable and even-tempered as he grows older, he should have the advantages of all of the training possible. It is probable that he will settle down to a manageable moron.

The Parents: Both of his parents are from Holland peasant stock who have settled in a little fishing village. The standard of the village is that of low morals, not keen nor bright, but neat and thrifty, with considerable religious enthusiasm, but low moral standards. Abram's mother was below the standard of the community and was always peculiar. She was not bright in school and never succeeded in holding a position for any length of time. In August, 1909 she developed a psychosis, which condition became so serious that in September 1911 it was necessary for her to have hospital care. The diagnosis given at the State Hospital was dementia praecox occurring in a clearly inferior individual. She died of pulmonary tuberculosis April 30, 1915.

Abram's father was decidedly alcoholic at the time of the birth of the children, but has since reformed and is a faithful member of the Salvation Army, is believed to be of ordinary intelligence, but has been immoral. He has been a fisherman and a mechanic on boats. No other cases of mental deficiency were found in either side of the family, although one maternal uncle of Abram's was melancholy when about 14, but later recovered his poise.

The Fraternity: The two older children in the family are of the dull peasant type who, no doubt, will lead quiet, useful lives. The oldest girl at 12 11-12 years of age tests X years mentally, with a basal year of VIII. The next one at 8 1-12

years has a mental age of VII 4-5. Younger than Abram is a pretty, playful boy, born in the State Hospital after his mother had been insane for three years. At 4 3-12 years of age he tests IV 1-5 years mentally, shows no peculiarities, and gives evidence of being normal. Thus Abram is the only abnormal child in the family.

No. 5, Helen Cleves, Age 17 7-12, Mental Age X 2-5.

Heredity: Father alcoholic, criminalistic, tubercular. Mother feeble-minded, later a custodial case. Has two alcoholic brothers.

Fraternity: Six living children of whom only one is positively normal. Three at some time inmates of the Rome State Custodial Asylum.

Beginning with the youngest, the traits of the children in this family are given in as full detail as they could be obtained, since the six of the seven living children present such similarities that it seems safe to interpret the younger children in the light of the older ones and to assume that we have here a type of mental deviation seen at different stages.

Environment: The background is a home of chronic poverty, calling for both public and private relief. They were constant "patrons" of the charity organization and the commissioner of charities.

The Father: The father of the family was the least desirable member of the family of six children, some of whom are fair citizens. He was a confirmed alcoholic before he was married, and in jail the first week after marriage for intoxication. He was arrested many times after that. He was not feeble-minded but on account of his habits could not hold a position. When he did work it was as a laborer on the streets. He was mean in his family so that his wife was afraid of him and while his children were hungry he would come in and eat all of the food. He was once convicted of petit larceny but was not habitually given to thieving and in the last year or two of his life he had complications with women. He finally developed tuberculosis and died at the age of 36 years.

The Mother: She was recognized as feeble-minded as a young girl but was always moral and harmless. After she had borne 9 children and her husband died, she was sent to the Rome State Custodial Asylum because she was making plans to get married again. From the institution she has gone out on parole, has been returned to the institution and has again gone out.

Two of her brothers are confirmed alcoholics but others in the family are passable citizens.

The Children: The children are the product of the union of the most unfit members of two weak strains. The youngest in the family is Robert. When visited in June, 1916, he was 3½ years old and in the same boarding home where he had lived since he was 17 months old. Here he received good discipline and more petting and attention from adults than usually falls to the lot of the dependent child. At this age the major reflexes were not controlled, a condition not to be attributed to lack of training. He was attractive on account of his baby ways, was rather affectionate and without fear. He talked a great deal and his vocabulary enabled him to say anything he wished, but he habitually gave irrelevant answers to questions. Usually he was entirely obedient when alone with his boarding mother, but at times defied her, and particularly when a third party was present he would say "I won't." He was not to be trusted out of sight. For example, it was explained to him that the tiny chickens were very tender and should not be touched, but shortly after he came into the house and said carelessly, "Your chicken's dead." He had squeezed one to death and thrown it down indifferently. He did not pass the Binet test for III years although it is very easy at that age. From any trait that he had shown at that age the only statement that could be made was that he did not react well to his environment, but his similarity to the older children made the prognosis bad. He was admitted to the Rome State Custodial Asylum March 21, 1918, as feeble-minded.

The next child, Alice, was a remarkably pretty little girl, nearly 5 years old, placed in a home of wealth and unusual

culture as an experiment in the effects of good environment. Previously she was in the same boarding home as Robert where she was considered mentally slow. She had the same off-hand way of answering questions without saying what she thought or knew. In the second home she was undisciplined and did not obey readily or gracefully. According to the Binet test she graded exactly at age, hence must be regarded as normal although with her advantages and the attention from cultured people she should test above age with the American 1911 revision of the Binet Scale.

The two children next older died in infancy so that Edwin is the next living child. At 9 years of age he had been tried in six boarding homes, with relatives, and in one free home, and each time was returned as unmanageable. When visited he was in an orphan asylum for close observation for a year. He was a constant talker and his theme was how he had been abused and beaten, how he was going to get even and stab people. When angry he raged and was almost convulsive. He indulged in wanton mischief, an example of which was upsetting a little boy's wagonload of groceries, scattering the groceries and breaking the bottle of milk, an act for which he could give no reason. His many changes of homes interfered with his school work but in the orphan asylum it was found that first grade work was all he was capable of doing. At 9 6-12 years of age he graded VII 2-5 years mentally, making a retardation of two years. Thus his retardation and lack of adjustment to his environment are more marked than in the younger children. He was admitted to the Rome State Custodial Asylum March 21, 1918.

Ella was 13 5-12 years of age and graded IX 4-5 years mentally. She finished the fifth grade in school but did poor work. She was untrustworthy, untruthful, and unreliable. She could not be trusted to do an errand and drove her aunt to distraction by her lack of attention and her thoughtless ways of answering questions. Even at 13 years of age her aunt was convinced that the only discipline to which she would give heed was severe corporal punishment. In appearance she resembled Edwin.

The next older girl, Cora, was the only one who could with confidence be called normal. She was quite a different type, stolid and stubborn, rather than nervous and talkative, as were the others. She finished the eighth grade in school, passing Regents' examinations. For a year and a half she lived with a stern, harsh aunt who forced her to form good habits and the only fault that persisted was untruthfulness. At 16 she was supporting herself as a maid and had succeeded in holding her position for some time.

The Patient: Helen is the next in the family. She was troublesome in school, did not learn readily, was untruthful and generally talked gruffly. According to the Binet tests she graded X 2-5 mentally at 17 years of age. When 14 she was recognized as feeble-minded and committed to the Rome State Custodial Asylum. From Rome she was paroled to a country home to take care of two little children, and fear that she may be sent back to the institution keeps her up to a fair standard of behavior, for she is very fond of the children. She is treated as a child, her clothes are bought for her, and she seldom goes out alone. She is more stable and reliable than Ella.

The oldest is Merton, now 20 years of age, and believed by his relatives to be in the navy. He did not do well in school, was mean and untruthful and brought in stolen things. This was reported when he was 11 years old. Soon after this he was arrested for breaking windows, then for arson and petit larceny. Each time he was put on probation until his fourth arrest when he was sentenced to Industry. He made his escape nine months later, but was returned, and after two years' residence was sent out on parole. Within six months he was recommitted to Industry for petit larceny, escaped soon after but was returned. The physician in charge pronounced him a subnormal and possibly feeble-minded boy who would make good only under the most favorable circumstances. He was paroled in 1913 and work was found for him by the relief agency who had dealt with the case, but he was unable to hold a position and was so dirty in his habits that arrangements were made for his commitment to

the Rome State Custodial Asylum. On the way there he boasted of the fires which he had set and also threatened to kill the people who were sending him to Rome. He was admitted January 16, 1914, and escaped June 2, 1914. No trace of him has been found so he has been maintaining himself in some fashion since that time. Here, then, is a defective delinquent with a strong possibility of becoming a more serious law-breaker than he has been in the past. The younger boys in the family appear to be smaller editions of the same type. The traits of poor adjustment to environment, unreliability, boastfulness and revenge appear in several of the children and are concomitants of the mental defectiveness.

In tabular form the children appear as follows:

NAME	Age	Mental age	School grade	Characteristics
Merton.....	20	Unknown.	Poor.....	Lawless, boastful, threatening, set fire, defective.
Helen.....	17 7/12	X 2/5	Little progress..	Stubborn, careless, feeble-minded.
Cora.....	16	Normal	Finished 8th grade.	Untruthful, self-supporting.
Ella.....	13 5/12	IX 4/5	Poor work in 5th grade.	Unreliable, untruthful, untrustworthy, inattentive.
Edwin.....	9 6/12	VII 2/5	1st grade.....	Untruthful, unmanagable, convulsive in anger, wanton mischief.
Two children	died in infancy.			
Alice.....	4 10/12	IV 2/5	.....	Disobedient, inattentive, attractive.
Robert.....	3 6/12	Less than III.	.....	Inattentive, uncleanly, disobedient at times.

The question which naturally occurs in connection with this family is why was it allowed to exist as a unit when the chances were strong that the children would be burdens upon society. This question is discussed on pages 128-130. In the Cleves family the father resisted every effort to remove the children or to break up the family.

No. 29, Howard Taylor, Age 9 4-12, Mental Age VII 3-5.

Heredity: Mother a moron, history of immorality. Father believed to be normal, died of tuberculosis. Mother's family low normals in intelligence, with degenerate tendencies. Father's family normal. Two brothers backward, one believed to be feeble-minded. Half-brother normal.

For several cases in this list the diagnosis of feeble-mindedness was made by the orphan asylums upon their

inability to control the children. In many cases stupidity and extreme restlessness combined with a failure to respond to ordinary methods of discipline are evidences of mental deficiency, even when formal tests do not reveal that condition. In the case of Howard Taylor, however, the orphan asylum diagnosis of feeble-mindedness seems to have been at fault.

The Patient: Howard was but 4 10-12 years old when he was sent to Rome. It was stated that his deficiency was noted when he was first admitted to the orphan asylum, that he would go through the school desks, take out all of their contents or what he wanted, and would deliberately destroy playthings. A short acquaintance at Rome showed him to be a quiet, well-behaved boy with a good disposition. The mental tests showed that he was making good progress and when he was 8 years old he was but one year retarded. His mother applied for his discharge in April, 1916, and after investigation of the home her request was granted. Howard had many things to learn about living in a private family as life in a custodial asylum is not one that trains children for home life, but when seen after five months at home his mother was well pleased with his progress. An interesting point in the case is that the two brothers of Howard who were not sent to an institution are less promising than he is. It seems that by the accident of his being sent to an orphan asylum, and his particular form of troublesomeness Howard was the one who was diagnosed as a feeble-minded child rather than the others.

Howard's mental progress has been steady but slower than the average child. He is a backward child but the indications now are that he will become a self-supporting laborer if good habits are established.

Date of Examination	Age	Mental Age	Retardation
December, 1913	6 6-12	IV 2-5	2
October, 1914	7 4-12	VI	1
October, 1915	8 4-12	VII	1
October, 1916	9 4-12	VII 3-5	1 1-2
October, 1917	10 4-12	VIII	2

The other children make the following showing in comparison to Howard:

NAME	Age	Mental age	School grade	Characteristics	Estimate
Ray.....	10 8/12	IX	III.....	Unkempt, untidy, dull.	Subnormal.
Howard.....	9 3/12	VII 3/5	I.....	Good disposition, defective speech.	Border-line.
George.....	7 3/12	VI 2/5	I.....	Very defective speech, enuresis, troublesome in school, and in 1st grade for three years.	Feeble-minded.
Denton died in infancy.					
Burton..... (Maternal half-sib.)	3 8/12	IV	.....	Good disposition.....	Normal.

The study of the heredity of this child shows people who are good citizens, with some falling below the line of normality, and also the case of a woman having an illegitimate child in the interval between two regular marriages.

The Mother: Nora when seen in 1916 would impress one as a well-intentioned moron who succeeded in keeping a fair home. Reports of her home during her first married life indicate that she was a most shiftless, careless person. After her husband died she willingly allowed his relatives to do all that they would for her and when they stopped assisting her she applied for public relief, which resulted in her children being put into the orphan asylum. Thus it came about that Howard was sent to the Rome State Custodial Asylum. For the next three years she seems to have lived a migratory life and finally gave birth, in the almshouse, to an illegitimate son by her unmarried uncle. Soon after she went to keep house for a man whose wife had deserted him, and when a year later he obtained a divorce they were married. She is now living with this husband and is probably keeping to a higher standard of living than ever before.

A later report stated that the husband died in 1917 and Nora was again living on her relatives and attempting to give away her children.

The Mother's Family: Nora was the oldest of fourteen children, the youngest of whom is now two years of age, and three of whom have died. Two of the girls have been sent

to a reformatory for training on the charge of improper guardianship because their father had violated them and the same misfortune is believed to have come to a third girl. Another girl in the family, who is described as dull and immoral, died in her early twenties. The brothers are slightly below the average in ability; one in particular is described as easy-going and harmless. The maternal grandfather of Howard passes as a farmer of ordinary intelligence. He was held for the grand jury for his revolting crime but a prison sentence would have thrown the burden of the support of his children upon the taxpayers of the county, and this the jurors did not care to do so he was allowed to go unpunished. His wife now goes out working for a week at a time and other daughters in the family approaching adolescence, are left unprotected.

The Father: He died of tuberculosis about five years ago and made such a slight impression upon his associates that no clear description of him was obtained. He is believed to have been neither mentally defective nor alcoholic.

His father, brother, sister, and two half-brothers are normal.

THE ORIGIN OF MENTALLY DEFECTIVE STOCK

The general agreement that the individual mental defective in the majority of cases is the product of heredity makes the origin of germ plasm which produces mental defectives of particular interest, both practically and scientifically. The reason that the subject is so baffling is that we are not dealing with one distinct variation from the normal, but with many different ones which may arise in a variety of ways. For this reason several methods of origin may be expected. Three methods are suggested by families in this group.

First, it seems probable that strains which we have come to regard as typically feeble-minded have lagged behind in racial progress and never reach the level of the average, just as the feeble-minded child lags behind the average child in mental development and never reaches normal development. It may be that such families as No. 20, the Moores (p. 28), No. 3, John Britton (p. 100), and No. 27, Fred Shepherd (p. 104), have arisen in this way.

It is possible that the study of unstable morons gives the clue to a second method. The four children in this group who stand out prominently as unstable are No. 16, Richard Lawrence (p. 64), No. 17, George Major (p. 75), No. 21, Abram Newgate (p. 51), and No. 22, Harold Ransom (p. 144). The heredity charts of these are much clearer of feeble-mindedness than those of the dull, stable type, but the mother of Abram Newgate is insane and the mothers of the other three pronounced neurasthenics. One case in this study, No. 16, Richard Lawrence, seems to have arisen in the way outlined by Tredgold, who states (p. 33):

"I hold that primary amentia is a manifestation of a pathological germinal variation which has been produced by environment, and that the germinal change is in the nature of a vitiation. That is to say, it consists of an impairment of the intrinsic potentiality for development, which may be widespread and affect the germ cell as a whole, or which may be

less extensive and confined to the neuronie determinant. At the beginning, in most instances, the latter is probably the case and the initial change is but slight. It shows itself merely in a diminished function and durability of the higher, and therefore an increased excitability of the lower, cerebral neurones, and is revealed clinically as neurasthenia, hysteria, migraine, and the milder forms of epilepsy. We may say, in fact, that these states are the first indications of the presence of the psychopathic diathesis. Should the adverse environment continue, or should a person so affected mate with one similarly tainted, then in the next generation the neuronie durability will be further diminished, and the instability accentuated, so that insanity, the graver forms of epilepsy, and early dementia make their appearance. If the process is further continued, the third generation will often be characterized by a tendency to defects of anatomical structure, and there will be a strong probability of one or more of the offspring suffering from amentia. Should this germinal impairment be accompanied by any untoward circumstances during the growth of the embryo, like those presently to be described, this probability will become a tolerable certainty. Degeneracy is here well established and the well-known stigmata, indicative of an extensive germinal change, are usually abundant. Finally, a condition of gross idiocy appears, with complete sterility, and the family becomes extinct."

If extreme alcoholism may be considered as evidence of increased excitability, then the development of mental deficiency in Richard Lawrence follows the course outlined above.

It should be noted that No. 31, David Ormund (p. 78), who is markedly unstable, comes from stock showing a large amount of feeble-mindedness rather than neurasthenia.

A third method and one which accounts for the constant rise and fall in the ability and social worth of families is through individual variation and marriage selection. By the mating of the least fit member of a normal family with one from inferior stock, continued through several generations, the feeble-minded strains are recruited from the average population as truly as are

strains of great intelligence created through the marriage of the most intelligent and the best of the families. One family in this list shows the downward course of a strain originally of intelligence and ability. No. 13, Ralph Ingalls, shows the least fit of two generations marrying inferior mates from inferior strains.

No. 16, Richard Lawrence, Age 13 2-12, Mental Age IX 3-5.

Heredity: Father a pronounced alcoholic, tubercular, criminalistic. Mother a pronounced neurasthenic. Brother epileptic. Mother's brother alcoholic, others in family normal. Father's brothers alcoholics. Father's mother dull, drank when young, violent temper.

The Patient: Richard was born in 1903. The birth was hard but instruments were not used. The father was drinking before the birth and had delirium tremens so that the maternal grandmother insists that the child was "marked." Infantile convulsions are denied. Soon after his birth the mother secured a divorce and attempted to support herself and children by going out to work while they stayed in a day nursery. Failing in this she sent them at public expense to an orphan asylum. After two years, when he was about eight years of age, she took him home again. He was sent to kindergarten where he gave evidence of extreme nervousness. He was easily excited and very tense. By giving him special attention his teacher could usually soothe him and bring him back to normal condition. His speech defect at that time was marked and was noticeably worse when he was tired. Adenoids were removed in 1911. His mother was unable to control him, sometimes he was sweet and lovable, at other times was ugly and would try to hurt her. As he was a strong, well-developed boy she was afraid to have him about when she could not manage him so he was sent to the Rome State Custodial Asylum in October, 1911.

During his first years there he was a favorite because in spite of his uneven temper his activity and impulsiveness made him more interesting than the quieter children. As he grew older, acts which would pass as mischief in young children assumed a more serious aspect. He became saucy and impudent to the officers, and very untruthful. He played

with fire, broke windows, and tampered with the pipes. His speech defect, which was nearly corrected when he was under special training, returned when the training was discontinued.

He is now a boy of 13 years with a mental age of IX 3-5, well-developed, manly in appearance, with only a low forehead, projecting ears and a large, fissured tongue to be listed under stigmata. In a year and a half of school work he did not learn to write his name.

Date of Examination	Age	Mental Age	Retardation
June, 1913	9 10-12	VIII	2
October, 1914	11 2-12	VIII 4-5	2 1-2
October, 1915	12 2-12	X 1-5	2
October, 1916	13 2-12	IX 3-5	2 1-2

He was discharged to an orphan asylum on trial in February, 1917, but was returned to Rome in June, 1917.

Fraternity: His older brother began to have convulsions when he was one year old but his mind was fair until he was about seven when he became fretful and nervous. From that time he deteriorated and when he was admitted to Craig Colony for Epileptics at the age of thirteen his mental status was that of an idiot. At fourteen years he died of laryngeal oedema and epileptic seizures.

The second child in the family was a girl which could not be born alive.

Richard was the third child.

The Father: He was a man of ordinary intelligence, but a pronounced drunkard who began using alcohol when young and before the birth of Richard was having delirium tremens. He finally died of tuberculosis. This man's mother was from poor stock, drank when young, and had a violent temper. His father was a better man than any of his sons. The brothers were pronounced alcoholics who served frequent jail sentences for public intoxication.

The Mother: She is a decidedly nervous woman but is intelligent and is from a family believed to be normal except for one brother who is alcoholic and a ne'er-do-well. The

births of all her children have been hard; one child, as noted, could not be born and a child by her second husband was delivered with instruments and injured at birth. This latter child is a dull, heavy child of two years, but as he strongly resembles his father who has heavy features but is normal, no attempt at a diagnosis is made.

In this family, then, is seen the culmination of three generations of increasing mental defect. The second generation showed only instability which on both sides of the family must have been transmitted from the first, since it appears in more than one member of the fraternities. In addition to the union of the two impaired lines the marked alcoholism of the father no doubt added its share to the damage of the germ cells.

No. 13, Ralph Ingalls, Age 10, Mental Age V 3-5.

Heredity: Mother feeble-minded, possibly epileptic, moral. Father alcoholic, immoral, criminalistic, a bully. Father's family ordinary laboring class. Mother's family well connected, but inferior. Seven brothers and sisters. Three oldest morons; two younger backward; two are too young for diagnosis.

The maternal grandfather of the patient was from a family of social prominence but of questionable morals and his brother amassed a large fortune to which Ralph is one of the heirs. The grandfather was looked down upon by the rest of the family, was unambitious, cranky, rarely expressed an opinion, and lived in poverty until he inherited his share from his brother's estate. He contributed the best blood in the inheritance of Ralph, but he was the poorest representative of the line. He married a dull, slovenly woman (Ralph's maternal grandmother), a low normal in intelligence, by whom he had five daughters. Two of these are reported to have been slow in school, but all are considered normal with the exception of Minnie, the mother of the patient. Minnie had fits, possibly epileptic, which occurred at night, until she was about fourteen years of age. She could not learn in school and was recognized by her family as needing special protection on account of her limited mental ability. Against

their wishes she married William Ingalls and set up a feeble-minded household. Minnie is a good woman and except for occasional streaks of stubbornness is easy to get along with, but her housekeeping shows no system or judgment and although her quarterly allowances are liberal the family is in a chronic state of poverty. She has no record of her children, does not know their ages, and is only mildly interested in the ones not with her.

William Ingalls, her husband, is alcoholic, a brute and a bully. He has served a jail sentence for stealing chickens, once deserted his wife to go with another woman but later came back to Minnie. He entirely dominates her and she has a dog-like affection for him. William, in turn, is the least desirable member of his family which is socially and intellectually inferior to the family of Minnie. His sister was an ordinarily good, intelligent woman. His father passed as a good citizen, a carpenter by trade, and his mother, though not very keen or quick, is a respectable, hard-working woman.

Minnie's older children are below her in mental ability, especially Ralph, the patient, who will probably not pass beyond the imbecile grade. Below is an outline of her children with the ages and school grade at the time each one was tested.

NAME	Age	Mental age	School grade	Characteristics	Estimate
Marion.....	15	X 2/5	VI.....	Dull, colorless, good disposition, no interest in school.	High grade moron.
William.....	14 5/12	VII 4/5	II and III....	Sly, stubborn, mean to children, masturbator, spasms, enuresis.	Low grade moron.
Edwin.....	12	VIII 4/5	IV.....	Uneven, untruthful, unmanageable at times, mentally indolent.	Moron with uneven disposition.
Ralph.....	10	V 3/5	Kindergarten..	Stubborn, distractible quarrelsome, untruthful, mean.	Imbecile.
Ruth.....	9 3 12	VIII	III.....	Affectionate, talkative, distractible, slow in school.	Subnormal.
Edna.....	7 9 12	VII 1/5	I.....	Distractible, slow to grasp ideas, in 1st grade for third year.	Normal.
Esther.....	5	VI	Kindergarten..	Not considered bright but learns songs readily.	Normal.
Dorothy.....	2	.....	.....	Appears normal.....	

Three of these children, Marion, Edwin and Ruth have been placed in free homes and Ruth has been adopted. The ethics of placing children from mentally defective stock such as this is referred to under the case of No. 2, Edward Baker (p. 116). Ruth is the most attractive of these placed-out children and it is possible that in spite of her subnormality, she may develop into a good and useful woman, but it is not fair to place her for adoption without giving the family an opportunity to know of the family history.

The Patient: Ralph was born in October 1906. He was the twin of Ruth and was the larger but the less active of the two. He was bottle-fed while Ruth was breast-fed. As he was a "good" baby he received practically no attention, developed rickets, and was sick for a long time. Then a neighbor became interested, gave him some care and got him to walking. When he was about 2 years old the father deserted the family and Ralph, with the other children, went to the orphan asylum. From there he was sent to the Rome State Custodial Asylum on October 28, 1910. As a young child, and even yet, Ralph's attractive appearance with his clear blue eyes and pink and white complexion give an impression of ability which short acquaintance proves to be sadly lacking. His head is unusually high and narrow above the ears, and his teeth are large. He still has nocturnal enuresis. On the wards he is one of the meanest of the children, quarreling with the others, striking them and stealing their things. He is a glib liar and is destructive. In kindergarten work he is unable to follow directions or to concentrate upon anything. Mental examinations show slow progress and increasing retardation so that the indications are that he will not advance beyond the imbecile grade.

Date of Examination	Age	Mental Age	Retardation
December, 1912	5 10-12	III 3-5	2
October, 1914	8	IV 3-5	3 1-2
October, 1915	9	IV 4-5	4
October, 1916	10	V 3-5	4 1-2

The tendency in this family is toward greater social unfitness in each generation from the grandparents. Ralph has reached the point where the strain will be self-eliminating, a condition which may be true of all the boys of the family. The girls of this fraternity are brighter and more attractive. The oldest, Marion, gives the impression that she is a replica of her mother at the same age. She presents a problem in eugenics for which no humane and feasible solution has been found, a high grade moron with a good disposition, not likely to be a moral menace to the community, but not bright enough to manage a satisfactory home in case she should marry, and carrying the possibility of transmitting mental deficiency to the next generation.

TYPES OF MENTAL DEFECT

TRAITS OF THE STABLE MORON

The traits of morons who have remained outside of institutions are worthy of note. The family of No. 12, Matthew Higgins, is of interest on account of the difference in traits of the feeble-minded children of Maggie the mother of Matthew and of Eliza and Polly Ann, his paternal and maternal grandmothers. Industriousness in the children of Eliza insures them a place in the rural economy although they are of low grade mentality. Extreme alcoholism in the children of Polly Ann makes them parasites. The children of Maggie are marked by their good dispositions.

The family history also presents the picture of the unprotected feeble-minded girl, Maggie, the mother of the subject, crushed by burdens too heavy for her. Although her death occurred ten years ago, the neighbors still shudder at the memory of her suffering.

No. 12, Matthew Higgins, Age 15 6-12, Mental Age VII 2-5.

Heredity: Mother feeble-minded, tubercular. Father feeble-minded, alcoholic. Father's mother feeble-minded, addicted to morphine, bad tempered, immoral. Father's half-sibs feeble-minded. Mother's sibs feeble-minded, alcoholic, and syphilitic. One brother feeble-minded, one slow, the other normal.

The Parents: Maggie was born in 1882 and died in 1906 of tuberculosis, contributing cause pregnancy. A long illness in childhood and a backwoods home far removed from a school house prevented school attendance, but it is doubtful if this would have greatly benefited her. When but fourteen years old this child, amiable and moral but too feeble-minded to recognize even the small coins, frail in health and entirely untrained, was married to an industrious but alcoholic moron, a farm laborer. (Matthew's father.) In less than a year a child was born. Her husband then took her from her own people in Pennsylvania to a rich farming valley in

New York State where he worked on a farm and established his family in a wretched tenant house. The number of children increased to four of which Matthew was the third. She did not know how to care for her children or to make their clothes, and poor as she was, money meant so little to her that once she gave the rent money, eight dollars, to a traveling agent for a picture. At 23 during her fifth pregnancy she was so overwhelmed by discouragement that she resolved never to give birth to another child. Tuberculosis released her before the child was born but her attempts at abortion made her death a horrible one. In abject poverty, without the ordinary necessities of life, she died friendless and almost alone, leaving four little children. After the death of his wife the father tried for a time to keep his children home but after a few months he dumped them into the nearest orphan asylum and left for Pennsylvania to escape further responsibility. Descriptions agree that he is a good worker, but alcoholic and too lacking mentally to tell time, read, write, or count money. According to the latest reports he has married again and is held to a higher standard of living by his present wife.

Maggie's Children: The patient's fraternity presents the anomaly of one normal member with both parents feeble-minded. Possible explanations are: (1) Mistaken diagnosis of the parents — neither were seen, but descriptions from reliable informants indicate that both were mentally deficient; (2) Illegitimacy of the normal child — although special inquiry was made no evidence of such a condition was obtained; (3) The boy may yet prove to be mentally defective — this explanation may be discarded as the boy has already attained a mental age of XII.

The Patient: Matthew, born April, 1901, was the least promising from the beginning. In babyhood he was utterly neglected, was a glutton and was so fat and heavy and his legs were so crooked that he was unable to walk until after he was 3 years old. He was also late in learning to talk. When brought to the orphan asylum at 5 years of age he was in a deplorable condition from lack of care. When 9 years of

age he was sent to Rome. He is now a boy of 15, of average physical development, with hair so black and skin so swarthy as to suggest negro blood. Special inquiry failed to reveal even a suggestion of this but there is a possibility of an admixture of Indian blood in the mother's line. He has a long, narrow asymmetrical face, brown, bloodshot eyes, usually with a sty on each lower lid, large mouth with thick lips, teeth spaced, and projecting ears.

He illustrates the tranquil life that the custodial institution offers to the stable, feeble-minded boy. His intelligence is great enough to make him useful but so limited that he does not analyze his condition and thus become discontented. He is a kitchen helper in one of the farm cottages where he comes in contact with a motherly matron who pets him a little and thus supplies his needs for affection. As he is not classed as one of the brighter boys he has had only simple manual training. Stealing has been reported but this has not been marked. With the Binet tests his grading for the last two years has been identical, question for question. He cannot draw a diamond, but is able to name the days of the week; can make comparisons from memory and give definitions better than by use. The tests indicate that he has reached the height of his mental attainments.

Date of Examination	Age	Mental Age	Retardation
October, 1912	11 6-12	VII	4 1-2
October, 1914	13 6-12	VII	5
October, 1915	14 6-12	VII 2-5	5
October, 1916	15 6-12	VII 2-5	5

The oldest of Maggie's children, Frank, is now a clean, honest, agreeable boy of twenty. From the orphan asylum he went to a good farm home where he was trained in habits of industry and virtue. He accompanied the family when they moved to the city and obtained factory work at \$1.50 per day. His desires for recreation are all met by the church which he regularly attends. The Binet Scale indicates a mental age of XI. Although his mental ability is limited, his good habits and disposition make it probable that he will continue to be a useful member of society.

Charles Higgins is less promising. At 16 he is in the sixth grade in a country school, but while he can do each day's work he cannot retain it or pass an examination. He especially enjoys the "Youth's Companion" stories but cannot read them for himself. He is a good worker and once he has learned a routine he can follow it endlessly, but if a change is introduced he soon slips back into the old way. Mentally he grades X years. He is a stable, feeble-minded boy with a good disposition.

Matthew is the next in line of birth.

The youngest boy, Arthur, was adopted by kind laboring people and has always attended the same small, well-graded school where he has finished the sixth grade at 13 years of age. He is a normal, likeable child grading XII by the Binet tests.

Thus the children of Maggie are marked by their good dispositions and industry. Although not keen mentally, all but Matthew seem likely to fill useful places in society.

Eliza's Children: Frank Higgins, the father of Matthew, was the son of a bad-tempered, morphine-addicted, immoral woman, Eliza, now living with her third mate, the only one to whom she has been legally married. Although brighter than her sons she is also feeble-minded. Through her half-sibs she is connected with a large group of disreputable and defective people, one of whom has been a low grade inmate of the Rome State Custodial Asylum. Her other children are half-sibs of the patient's father. They are all industrious but mentally defective, with the exception of two normal daughters.

Joe has worked as a farm laborer for many years for board and spending money, and as he is a good worker the family put up with him and see that he has what he needs although he is a glutton and alcoholic. He knows the names of the small coins but cannot make change. He cannot count but if one of the cows in the field is missing he can detect the difference. He and his father had a controversy about marrying one woman and she lived with each of them at intervals, but Joe has had no children.

Another brother is a feeble-minded farm laborer who cannot read or count, and drinks to excess but supports the family after a fashion. His weak, forlorn wife has borne him eight children, two of whom were stillborn and one a marked mental defective. The others are dull.

A third son is brighter but more alcoholic. He maintains himself.

One of Eliza's daughters left home when she was 12 years of age and has supported herself since that time. She has risen to the position of forewoman in a factory and is considered respectable, but peculiar.

A daughter, Hattie, when out in domestic service, became pregnant by the son in the family who then married her. She is a good, stable moron, unable to read or tell time, but able to count eggs by the dozen. She is a neat housekeeper and her standing in the community is good. Her one child is dull but thus far has made a grade each year in school.

Eliza's third daughter is reported on good authority to be normal.

There is one other son, feeble-minded, but sober and industrious, whose earnings support himself, his mother and her husband. His mother is obliged to handle his earnings for him.

Polly Ann's Children: Maggie, the mother of the patient, is related to a large family of mental defectives described as the Fales family in the Report upon Feeble-minded Citizens in Pennsylvania. Her father was a backwoodsman who was never able to support his family without the earnings of his wife. Her mother, Polly Ann, is a woman of fair intelligence, uncertain disposition and great industry who in her old age shelters and partly supports her worthless, drunken sons. Of Polly Ann's six sons only one, now dead, approached respectability. The others are sodden drunkards, immoral, probably syphilitic, with a tendency to tuberculosis. One of these four is certainly feeble-minded, another so deteriorated through alcoholism that it is impossible to estimate what his original mental status may have been, but it may safely be considered that all of Polly Ann's children are subnormal,

some of them feeble-minded, and socially unfit through alcoholism and vicious habits. Two of the sons are carrying on the line through mates of the same mental and social class.

Eliza's children, because they are good workers, have contributed something to society, even though they are feeble-minded. Polly Ann's children through alcoholism are worse than useless. In Maggie's children two defective lines are united, yet Matthew is the only one who is properly a custodial case. Through the establishment of good habits the others seem likely to be fairly useful members of society. Alcoholism greatly lessens the economic value of otherwise partially self-supporting morons.

THE UNSTABLE MORON

The preceding chapter gave a picture of some typical benign morons. No. 17, George Major, is an extreme example of the unstable moron. These often grade rather high in quantitative intelligence for the chief defect is in the field of behavior. This form of mental deficiency usually manifests itself when the child is very young but a superficial brightness and alertness misleads the untrained observer. In this study the early traits of some unstable morons, have been given in detail for it is felt that only a slight beginning has been made in this field of study. See No. 5, Helen Cleves (p. 54); No. 16, Richard Lawrence (p. 64); No. 22, Harold Ransom (p. 144); No. 17, George Major, is one of the oldest of the unstable morons. No. 31, David Van Ormund, has been an especially disappointing case because a winning manner gave promise of response to special care which proved to be a failure.

No. 17, George Major, age 18 9-12, mental age IX 4-5.

Heredity: Father very immoral; normal intelligence. Mother hysterical, flighty; normal intelligence. One brother steals; two brothers and one sister normal. Father's family flagrantly immoral. Mother's family normal middle-class people.

The Parents: Both parents are of normal mental ability, but are deviates from accepted standards. The paternal inheritance is that of sex offense and divorce. The man was

a local manager for a well-known business, the woman self-supporting, a good housekeeper and a teacher before marriage, but so hysterical, high-tempered and flighty that there was a certain justification in her husband's seeking a mate more attractive as a companion. After eight years of married life in which five children were born, he deserted her, leaving her pregnant and with four young children to support. Her mental condition at this time verged on insanity, but it is not the child born after this who is feeble-minded, but George, who was a baby at the time of the desertion.

The Patient: George, born 1898, was a seven months' baby and from birth was puny, crying, and given to spasms. He was neglected and had cholera infantum at 6 months and pneumonia at one year. At about a year and a half he was sent to an orphan asylum where the report is made: "He always showed signs of defective mentality in his actions and behavior. He was troublesome, retarded intellectually, could not keep up with his classes, and was of unclean habits." He had rachitis and according to his mother had a severe fall. Here, then, in addition to heredity as the possible cause of feeble-mindedness there are also the factors of premature birth, spasms, severe illnesses, and injury. The fact that he was puny and fretful from infancy indicates that his mental deficiency preceded his fall, thus eliminating trauma as a possible cause. Neuropathic inheritance is the most plausible theory.

As he progressed poorly at the institution his mother took him home when he was 13 and tried to keep him in school. Constant complaints from school where he was in the first grade, that he did not respond to the discipline of the school and was uncleanly, resulted in his being kept at home. Then, as his mother could not keep him off of the streets where he was the butt of the children's jokes she was obliged to make other provision and he was sent to the Rome State Custodial Asylum on March 15, 1912.

In the institution he has been getting more and more unreasonable in his attacks of temper. When the attempt was made to keep him in an outdoor pavilion because of his

advanced case of tuberculosis he acted so badly that he had to be taken back to the ward. In the absence of the attendants he struck the patients and swore violently in their presence.

He is a frail, thin, nervous and talkative boy with a peculiar narrow face and a throaty voice. With the Binet tests his credit scatters through the groups from VIII to XII and his grading has not been constant, a condition which accompanies instability. His responses are characterized by extreme wordiness and suggest a flight of ideas, e. g., "If a man would kill himself on Friday he would be a bad man, I think he would be foolish to kill himself on Friday. That is the day our Lord died."

Date of Examination	Age	Mental Age	Retardation
June, 1913	15 5-12	X	2
October, 1914	16 9-12	IX 2-5	2 1-2
October, 1915	17 9-12	IX 2-5	2 1-2
October, 1916	18 9-12	IX 4-5	2

The Fraternity: The oldest child in the fraternity was a seven months' baby and died of intestinal tuberculosis at three months.

The oldest living child is in the United States Army. The next brother is self-supporting and mentally normal but is not living with his wife and is immoral. The third, a flirtatious and lazy girl, was married young and is considered normal. George was next in line of birth. The youngest, at 17 years of age, is self-supporting and probably of normal mentality but has been on probation and in a reformatory for stealing, and continues to steal. He is believed to have immoral tendencies. The separation of the parents brought this fraternity to a close at this point.

Father's Family: Both paternal grandparents of the patient were immoral and the grandfather was also alcoholic. They were divorced, their children were trained to regard marriage lightly. A paternal aunt of the patient is divorced and two of the uncles are flagrantly immoral.

Mother's Family: With the exception of the patient's mother, her family are normal middle-class people as far as can be ascertained.

The high number of divorces indicates first, that the family is of an economic standard which permits of such luxuries; and second, that they consider them a legitimate way of terminating unpleasant relations. The immorality on the father's side of the family may be indicative either of low social standards or of instability.

No. 31, David Van Ormund, Age 15 4-12, Mental Age VII 2-5.

Heredity: Father alcoholic, subnormal, immoral. Mother feeble-minded, died of heart trouble. Father's family fair, one sister a professional prostitute. Mother's family inferior. Two sisters feeble-minded, one an inmate of Rome State Custodial Asylum. Other sibs backward.

The Patient: David was the third of a family of seven children. The birth was natural and spasms are denied. He lived in a poor rural home with neglect and abuse from his feeble-minded mother and alcoholic father until his mother's death which occurred in his seventh year. About that time he began a series of hospital treatments for one disability after another, once for hernia, again for fractured femur, for typhoid fever, for removal of adenoid growths, and for fractured clavicle. While in the hospital some people became interested in him because of his pretty face and alert, attractive manner, and he was given chances to live in exceptionally good homes. In these he proved irresponsible and unmanageable and would run away and tell pitiful stories about the treatment he had received. After several years in school he was still in the first grade and as he failed in every environment in which he had been placed he was taken to a psychopathic clinic for examination. The report given was in part: "He has an alert, shallow mind. His habits are such that I do not believe he could be cared for adequately outside an institution." In consequence of this he was sent to the Rome State Custodial Asylum in October, 1912, when he was 11 years old. While he was there he had some training in music, manual work, and first grade school work. In comparison with the rank and file of the inmates he seemed a promising boy and the superintendent urged that he be given another chance outside. In consequence he was

placed in a city boarding home under supervision. After a trial in the second grade he was put in the special class in school, and while he boasted of what he had learned at Rome, when actually put to the test there was nothing that he could do. He could "read" certain stories which he had learned verbatim, but could read nothing at sight, and his other attainments were of the same order. Although he had excellent supervision he was able to hold his own for less than a year. Two people desired to adopt him but after a short acquaintance withdrew their requests. He could not stay in a farm home because he tortured the animals. He drowned the duck which he took down to the pond to swim, churned the pet cat to death, vivisectioned frogs and toads, and put burning matches under turtles. As no one could keep him he had to be returned to the institution in 1915. After his return he showed an almost perfect flight of ideas and this coupled with his inordinate boasting points to a manic condition. During the summer of 1916 he was tried on one of the institution farms but could not get along because "the other fellows picked on him." Ward notes show that he is a masturbator and has attempted abuse on smaller boys. The latest Binet tests indicate deterioration, a condition not surprising considering his tendency to insanity.

Date of Examination	Age	Mental Age	Retardation
December, 1913	12 6-12	VIII	4
October, 1914	13 4-12	VIII	4
October, 1915	14 4-12	VIII	4
October, 1916	15 4-12	VII 2-5	4 1-2

Although he is less attractive now than when he was younger he still makes a good appearance for his features are regular except for a slight strabismus, and his wide-open eyes and ready smile make him seem keen and alert. After trials under a variety of favorable circumstances he has shown that he needs institutional care and he is one of the few boys on the list who is dangerous.

The Parents: Ernest Van Ormund, the father of David, has been a pronounced alcoholic for years, yet his frank man-

ner and open expression incline one to judge him leniently. In intelligence he is considered subnormal. He has not supported his family and has allowed his children to be abused by his alcoholic consort. One of his brothers is a respected man, a painter by trade; another brother is of normal intelligence and desirable socially except for semi-annualsprees. A sister is of normal intelligence but a professional prostitute.

The mother of David was ugly as well as feeble-minded. After bearing seven children she died of valvular heart disease and pregnancy at 30 years of age. She is from an inferior family, the others of whom are subnormal, but cannot be classed as feeble-minded. Her mother is described as feeble-minded.

The Fraternity: This fraternity is of interest on account of their points of resemblance. They have the faculty of making a better impression than is borne out by further acquaintance. Catherine, the oldest, has been an inmate of a reformatory on the charge of improper guardianship, is now an inmate of the Rome State Custodial Asylum, and an attempt to parole her from that institution was unsuccessful. She is feeble-minded, of the alert, unstable type.

The next child died in infancy of cholera infantum.

David is the third.

The fourth died of marasmus at six months of age.

The fifth, now a child of 13, is a problem. She grades X years mentally, has given trouble in her foster home by stealing, for which the foster-mother may have been most to blame. She is now in a children's institution for training.

The sixth, Emma, is in a free home, is a likable but feeble-minded child. At 11 9-12 she grades VIII 1-5 mentally and has just begun the 4th grade in school.

The youngest is Frederick who was sent to the hospital when a baby on account of fractured femur. When his father came to take him home he was intoxicated and the sympathy of one of the patients was aroused to the extent that she took him home and adopted him. Frederick has a hospital career almost equaling that of David. He has had scarlet fever,

whooping cough, diphtheria, and measles, and has been in the hospital for gastro-enteritis, circumcision, fractured clavicle, inguinal hernia, and otitis media. At 10 7-12 years of age he has a mental age of VIII 4-5 years and has finished the 3-B grade in school. Thus it seems that he will develop into a low normal in intelligence.

The tendency to broken bones is one of the points of interest in the family. Catherine has twice sustained fractures. No record of any fractures was obtained for Ethel, but she has a slight spinal curvature. From a slight fall Emma's arm was bent way back but it was not quite brittle enough to result in a fracture. Frederick has broken his collar bone. Frederick, Emma, and David have each had a hernia.

THE PSYCHOPATHS

A class of mental deviates not popularly recognized but almost uniformly social misfits are the psychopaths, example of which are described in the family histories. The remarkable careers of such persons, their lack of judgment coupled with their superficial alertness make them constant puzzles to their associates. Terms variously applied to such persons to designate this condition are moral imbecile, defective delinquent, psychopathic personality, affective deviate, etc. These persons are unstable, unreliable, unmoral and irresponsible, intelligent enough to make a good impression and hold positions for a short time, yet habitually abnormal in their reactions to a given situation. Some find their way into reformatories, others manage to drift along.

The most interesting feature of the history of No. 10, John Hale, is the character of his maternal aunt who is neither insane nor feeble-minded, but is markedly abnormal and falls into the class of psychopaths.

No. 10, John Hale, Age 10 10-12, Mental Age VII 3-5.

Heredity: Mother feeble-minded, immoral. Mother's sister psychopathic. Father alcoholic, criminalistic, and immoral. Father's sister epileptic and immoral. Father's mother epileptic. Two half-sibs probably feeble-minded. Two sibs normal.

The Psychopath: Nellie, the maternal aunt of the patient, when two years old was put into an orphan asylum on account of the death of her mother, who was in some way abnormal although particulars were not obtained. Her father was of low normal in intelligence, a brother is of the same grade of intelligence. A sister, the mother of the patient, is a moron; another sister is believed to be normal, and a maternal half-sister is very nervous. Three sibs, one of whom had infantile convulsions, died in infancy.

When Nellie was five years old she was taken into a home above the average in wealth and comfort in which she was a drudge, but which gave her an opportunity to establish moral habits and know the requirements of a good standard of living. She was not especially stupid in school work but did not like school and at 16 years went to live with Clara, the mother of the patient, who is an immoral moron. Then her complicated career with men began. As a domestic she was quick, neat and fairly capable. In the family where she served as a maid, she was devoted to the children and would spend hours playing with them. She encouraged an ignorant man to spend his scanty earnings upon her and when she had gotten everything possible from him she broke the engagement and laughed at him. After this she claims to have married, but still goes by her maiden name and the marriage is extremely doubtful. Then she went to work in a good family who found her so untruthful that they could not depend upon her simplest statement. She pried into everything, listened to telephone conversations, and scattered broadcast the scraps of information obtained in that way, supplemented by her imagination. Although not ill she went to every doctor in the village, making the most calls upon the younger ones. In a gathering of people she was in the habit of fainting or crying in order to be the center of attraction. Her close friends were girls of questionable character and she lied to cover the places where she spent her week ends. She has been employed at two hospitals for the insane, falsely reports that she has been a patient at a sanitarium, takes great interest in insanity, saying that no doubt she

will be insane some day. She is now 22 years of age and has one child.

The combination of instability, untruthfulness, fabrications, desire for attention, and sexual indiscretions indicate a psychopathic personality.

The Patient: The history of the patient and his family is typical of the unstable feeble-minded family rather than illustrative of any especial point. John, born December 31, 1905, was second in line of birth, his mother being 19 years old at the time. He was terribly neglected as a baby for his mother kept him in the center of a large bed, and aside from feeding him did practically nothing for him. Ulcers, scars of which remain, appeared upon both eyes when he was a young baby. Facial paralysis also appeared when he was young, which his mother accounts for by an attack of what she considered infantile paralysis when he was two years old. She says that before his illness he was able to walk, but after it he did not walk for a year. Considering the mental status of her mother, her statements cannot be taken as reliable.

On account of the desertion of the father the child was sent to the same orphan asylum in which his mother and her fraternity had been cared for as children, and as he could not be taught to obey, ate things indiscriminately, even digging worms and eating them, he was sent from the orphan asylum to the Rome State Custodial Asylum on August 16, 1914. He still shows the effect of the facial paralysis for his face is asymmetrical and he has a right internal strabismus, scars of corneal ulcers on both eyes, and defective sight, His nose is small and deflected to the right, palate high; a mouth breather. Specific treatment has not improved his condition. It is suspected that he puts foreign bodies into his ears so that he will be sent to the hospital ward thereby gaining attention and petting.

On the wards he is a good-natured boy, willing to help and able to do errands. He is sometimes quarrelsome, but in general is clean, quiet and obedient. The Binet tests show that he has been at a standstill for the last four years so that his retardation is increasing. As he is still under

11 years of age it is not safe to guess whether or not there will be further mental development.

Date of Examination	Age	Mental Age	Retardation
December, 1913	8	VII	1
October, 1914	8 10-12	VII 2-5	1
October, 1915	9 10-12	VII 1-5	2 1-2
October, 1916	10 10-12	VII 3-5	3

John's oldest brother is a slow but normal boy, manly and sensitive. At 11 6-12 years of age he grades IX 2-5 by the Binet tests and can barely do fourth grade work. He is reliable and likeable and the chances are that he will develop into a useful citizen.

One brother died at two months. Neighbors state that neglect was the cause.

The youngest brother stands out as one of the few of the two hundred children comprising the fraternities of these thirty-two children who have tested above age. At 7 9-12 years of age he tests IX 1-5 mentally and is in the third grade in school.

There are two half-sibs, illegitimate children of the mother by an immoral old sea captain, considered to be of normal mentality. These children are undisciplined and unpromising. Russell is stupid looking, with a large open mouth, lacking in attention and concentration. At nearly four years of age he made no response to the Binet questions even when asked by his mother. The two-year-old girl is more easily disciplined and appears more nearly normal.

The Mother: Clara was brought up in an orphan asylum until placed in a free home where she seems to have had good training. Then she went out as a domestic and married at 18 years of age. Her married life was an utter failure. Neither she nor her husband were faithful to each other, she neglected her home and her children and they were given food by the neighbors. Her husband deserted her when she was three months pregnant. Clara's father tried to have her keep house for him but she did it so poorly that he had to give up the experiment. Then a home was

found for the baby, the other children were put in the orphan asylum, and she went out to service. In a boarding house she was desirable for help for she was a good and willing worker, but she had the reputation of being extremely immoral. In August, 1912, she went to live with this sea captain, and in December of the same year the child Russell was born. Sixteen months later a second child was born, and about a year after that the captain left her to live with another woman. Then she brought bastardy proceedings for the support of these two children. She speaks of her relations without any evidence of shame and without betraying any feeling that her conduct has been out of the ordinary. She is a feeble-minded woman whose mentality is estimated at IX years.

The Father: He is alcoholic, criminalistic, and sexually immoral. His mental status is not determined. His present whereabouts is unknown. By trade he is a painter but cannot be depended upon to do good work or stick to his job. He has served two and possibly three jail sentences, once for assault and once for slander. During his last jail sentence he escaped from jail and secured money through a forged note. On this account a warrant for his arrest is on file. He is also a deserter from the United States army.

His sister is epileptic and immoral. She has a normal son.

One brother has not been heard from for ten years. He has been in the United States army. When young he stole money and the reports of him are not favorable.

The paternal grandfather of the patient is a respectable man with good family connections. The paternal grandmother is described as dull and epileptic, with a violent temper.

THE SOCIOLOGICAL DATA

After careful and sustained social and philanthropic effort in a community to give everyone a place in the sunlight, there often remains a residue of families who respond to no social effort. They are the men and women who never learn to use their resources, who cannot find work, who are victims of industrial accidents, who lose their babies, who succumb to alcoholism and immorality and have "bad luck." The old doctrine of predestination now dressed in terms of modern psychology reasserts itself. The case studies of these children show us many individuals who, through causes acting for generations before they were born, are doomed by organic weakness to unequal competition with their fellow men. Some of the weaker ones in favorable surroundings and protection from too great stress live out quiet, useful lives. Unfortunately the usual rule is that the weakling is reared in the environment into which his weak parents have drifted, one which further weakens rather than strengthens him. The possibility of saving to usefulness some of these is ample justification for the expenditure of social effort but the main current of reform should be directed toward securing for the next generation of children the right of good birth.

In this connection Munsterberg says: "Destroyed neurons, temporarily paralyzed neurons, and wrongly connected neurons are responsible for those extreme variations of mental life in which the individual is partly unfit to enter into the coöperation of the social group. Many gradations between the entirely normal and the strictly pathological are possible; and so we find a dense population in that great borderland region between mental health and illness. The defects of temperament, character and intelligence may show millions of shades, down to the hopeless inefficiency of the imbecile and the idiot whose mind does not grow beyond the development of the child. The stupid, the clumsy, the inattentive, the forgetful, the weak, the morose, the intemperate, the vicious, the cruel, must be dragged down in the struggle

for existence by their shortcomings in the intellectual, moral or practical equipment. Yet while their whole life trend may be deeply influenced by such a deficiency, the disastrous effect is the outcome of an elementary variation in the psychophysical system. The association paths do not conduct the excitement easily enough, or the motor settings are not firm enough to resist the opposite impulse, or the inhibitory mechanism is deficient, or the after-effects of previous stimuli too easily fade away, or the connections for coöperation of the brain parts and for irradiation are in poor working order. In every case the simple cause must produce its effect again and again, and the cumulation of the ill-adjusted responses ruins the social development of the personality. No one is born a criminal, but if his psychophysical equipment is inferior, the chances are great that the temptations of life will find him unprepared for the needed resistance." (Munsterberg: *Psychology, General and Applied*, p. 245.)

THE HEREDITY OF THE CHILDREN

The heritage of these feeble-minded children is shown in Schedule 3. The intelligence defect or organ weakness is usually accompanied by a constellation of other defects. Feeble-mindedness, alcoholism, criminality, sexual immorality including prostitution and insanity have distinct economic and social bearings, but many times alcoholism, criminality and immorality owe their existence to the presence of feeble-mindedness and weak inhibitions.

SCHEDULE 3 HEREDITY OF THE CHILDREN

CASE	Status	PARENTS		Sibs	Half-sibs	PATERNAL RELATIVES				MATERNAL RELATIVES			
		Father	Mother			Grand-father	Grand-mother	Aunts and uncles	Cousins	Grand-father	Grand-mother	Aunts and uncles	Cousins
1. Gladys Baggs...	F.....	Delinquent. Sx.	F.....	None.....	None.....								
2. Edward Baker...	Border-line	Subnormal	F. Sx.....	1 doubtful 1 unascertained	2 F. 1 unascertained, 2 inf.					Immoral. Normal mentality.	Immoral. Peculiar.	1 N. 1 C. 4 unascertained	
3. John Britton...	F.....	F.....	F. E. 1 Sx.....	5 F. 1 unascertained	2 F. 1 d. inf.			1 F. 3 unascertained	1 F. 2 Sx. 1 N. 8 unascertained			2 C. Sx. 1 F. 2 d. inf. 5 unascertained	2 unascertained.
4. Charles Burke...	Imbecile.	A. T. C.....	F.....	None.....	None.....	Normal		2 N. 3 unascertained		Paralysis. Fast living. In almshouse.	I. the last 8 years of her life.	1 N.....	None.
5. Helen Cleves...	F.....	A. C. T.....	F.....	4 F. 1 N. 1 N? 2 d.	None.....	Normal		3 N. 1 unascertained 1 T. Sx.	4 d. inf. 2 A. 2 N. 7 unascertained	Very ugly.	Sx.....	2 N. 2 A. 1 T. 1 Sx.	
6. Eva Corbin...	F.....	F. A.....	F. A. Sx.....	5 F. 1 N? 3 d. inf.	None.....	Normal		3 N. 1 Sx. 4 unascertained	1 d. inf. 7 N. 4 unascertained	P.....		2 unascertained.	2 N. 1 F. 5 unascertained.
7. Harold Curry...	Sx. F.....		Sx. Prostitute.	None.....	None.....						F. Sx.....	None.....	None.
8. Mabel Delanister.	F.....		F. Sx.....	None.....	1 N. 3 d. inf. 5 F. 3 unascertained					A.....		1 F. 1 F. 1 N? 6 d. inf.	6 unascertained.
9. John Depoli...	F.....	A. Ugly. Sx.	N. T.....	1 N.....	2 N. 1 d. inf.								

10. John Hale.	F.	C. A. Bx.	F. Bx.	2 N. 1 d. inf.	1 F. 7 A. unascertained.	N	E.	1 F. 2 d. inf. 1 unascertained.	1 N. 1 d. inf.	N	Sx. T.	3 d. inf. 1 Bx. 1 unascertained.	4 N. 2 d. inf. 1 unascertained.
11. Fayold Hammond.	N. 7 B.	A. Ugly Sx.	F. Bx. 8.	1 F. 1 F. 7 N. 2 d. inf. 3 unascertained.	1 N. 1 Sx. 1 unascertained.	A.	N.	1 unascertained.	2 unascertained.	A.	T.	2 T. Sx. 1 unascertained.	2 d. inf.
12. Matthew Higgins.	F.	P. A.	F. T.	1 P. 1 subnormal 1 N.	None.		F. Sx.	4 F. (3 of these A.) 1 A. Sx. 1 N. 1 d. inf.	1 P. 3 N. 4 d. inf. 3 unascertained.	A.	N?	4 A. (2 of these B. & T.) 1 unascertained.	1 N. 11 unascertained.
13. Ralph Ingalls.	F.	C. A. Sx.	F. E?	3 F. 4 unascertained.	None.		N.	1 N.	4 unascertained.	Peculiar.	Dull slovenly.	1 N.	9 unascertained.
14. Thomas Kent.	F.	A. T.	A.	2 d. inf.	2 N. 1 subnormal.								1 F. 1 unascertained.
15. Meyer Levi.	F. (Hg Gr.)	N.	N.	6 N. 1 d. inf.									
16. Richard Lawrence.	F.	A. T. C.	Ne.	1 E. 1 d. inf.	1 unascertained.	N?	Dull.	2 A. 2 unascertained.	4 unascertained.	N?	N.	1 A. 1 N. 4 unascertained.	1 N. 1 abnormal, 9 unascertained.
17. George Major.	F. Unstable	N. Sx.	Ne. (high tempered)	d. d. inf. 3 N. 1 C. subnormal.	None.	Sx. A.	Sx.	1 Sx. C. 2 N. 10 unascertained.	1 Sx. A. 2 unascertained.			5 N. 2 unascertained.	5 N. 3 d. inf. 6 unascertained.
18. Harriet Marvin.	F.	Low normal.	F. Sx.	7 d. inf. 3 F. 2 few normals 2 unascertained.	1 d. inf.			1 Sx. 2 unascertained.		A.	Sx?	1 Sx. 1 T. 1 Ne. 4 N. 4 d. inf. 8 unascertained.	1 E. P. 1 N. 2 d. inf. 8 unascertained.
19. Charles Miller.	F.	A. C.	Sx. Prost. tute.	1 Sx. subnormal 1 d. inf.	None.	F. A.	Sx.	2 C. Sx. 1 F. 3 C. 1 F. 3 N. 1 unascertained.	None.	A.	Sx.	3 Sx. 1 C. 11 N. 2 d. inf.	1 unascertained.
20. Moore children.	3 F.	F. A. Sx. C.	F. Sx.	2 F. 2 d. inf. 1 unascertained.	None.	Sx.		None.	None.	Sx.	F.	None.	None.
21. Abram Newgate.	Border-line	A. Sx.	F. I. T.	2 N. 1 subnormal.	None.		N.	1 N.	2 unascertained.		N.	3 N.	1 N. 4 unascertained.
22. Harold Ransom.	F.	A. Sx.	Ne.	None.	4 N.					N.		1 N. 1 unascertained.	3 unascertained.

SCHEDULE 3 — HEREDITY OF THE CHILDREN — (Concluded)

CASE	Status	Parents		Sibs	Half-sibs	PATERNAL RELATIVES				MATERNAL RELATIVES			
		Father	Mother			Grand-father	Grand-mother	Aunts and uncles	Cousins	Grand-father	Grand-mother	Aunts and uncles	Cousins
23. Louis Rosenblum.	F.....	N. T.....	N.....	2 N. 1 d. inf.	None.....								
24. Elliott Rosenkrans.	F.....	N.....	F.....	3 P. 1 N. 4 d. inf.	None.....			1 N. 12 d. inf.		A.....	N.....	d. inf.....	
25. Edward Sammons.	F.....	A. Sx.....	F. I.....	1 d. inf. 2 N. 1 N. 1 sub-normal	None.....		N?	2 A. 2 Sx. 3 4 N. 8 unascertained.	1 N. 8 unascertained.	Pauper.....		2 E. 2 unascertained. 1 T.	1 Sx. 2 N. 11 unascertained.
26. Harry Sheldon.	F.....	Low, normal, ugly.	F.....	1 F. 1 d. inf. 1 N.	None.....	N.....	N.....	1 N. 3 d. inf. 1 N.			I.....	d. inf.....	None.
27. Fred Shepherd.	F.....	Subnormal.	F. Sx.	None.....	None.....		Subnormal.	1 addicted to drugs.	None.....			1 E. 1 d. inf. 1 unascertained.	None.
28. Frederick Shores.	F.....	Subnormal. A. Sx.	Sx. T. Sub-normal.	1 F. T. 2 F. 1 Sx. 1 d. inf.	1 Sx.....	N.....	E.....	2 N. 1 unascertained.	1 N.....		Sx.....	1 N. 1 Sx. 1 unascertained.	
29. Howard Taylor.	Border-line	T. N.....	F. Sx.....	1 F. 1 backward. 1 d. inf.	1 N.....	N.....		3 N. 1 unascertained.	1 N. 5 unascertained.	C. Sx.....		1 Sx. 2 reform-story. 10 unascertained.	
30. Hiram Van Dusen.	F.....	Subnormal, Sx. ugly.	F. Sx. T.....	3 d. inf. 1 T. 1 N. 1 N.?	1 N. 1 N.?						Sx. A. S.....	2 d. inf. 1 T.	1 unascertained.
31. David Van Ormonde.	F.....	A. Sx. Sub-normal.	F.....	1 F. 2 d. inf. 2 backward. 1 N.?	None.....		Normal.	1 Sx. 3 N.....	2 unascertained.		F.....	1 Sx. 1 N. 1 d. inf. 2 unascertained.	5 Sx. 1 F. 1 T. 9 unascertained.
32. Philip Wagner.	F.....	Subnormal. A.	F.....	2 normal.	2 normal.	A.....		10 unascertained. 1 N.		N.....	I.....	1 I. 1 F.....	1 d. inf. 1 N. 2 unascertained.

In three of the families both parents were feeble-minded with the expected high degree of feeble-mindedness in the children. Eight of the fathers are classified as low normals or subnormals, while four are without question considered normal. Seventeen of the fathers are alcoholic and the alcoholism is accompanied by criminality in six cases. Eleven of the fathers are sexually immoral and in nine cases this accompanies alcoholism. Five of the fathers are tubercular.

The mothers show a higher proportion of feeble-mindedness, twenty-one of them being so considered. Three of the mothers are normal; one subnormal; three unstable and nervous but of ordinary intelligence. Two are known to be prostitutes but no estimate of their intelligence could be obtained. Only two of the mothers show insanity, both cases of which are grafted upon feeble-mindedness. None of the fathers are insane. Thirteen of the mothers are sexually immoral as compared to eleven fathers for whom similar data were obtained. Ten of the twenty-one feeble-minded mothers were sexually immoral while ten of them were not so considered. The sexual immorality accompanies alcoholism and feeble-mindedness. A frequent combination is the marriage of a feeble-minded woman to an alcoholic man. There are eleven such matings in the thirty-two here listed. The chart shows the occurrence of defects in other members of the families while a following section goes into detail in regard to the comparative intelligence of the members of the fraternities.

It is evident from this chart that heredity has played the major part as the cause of mental defect in the children studied. No. 15, Meyer Levi (p. 156), and No. 23, Louis Rosenblum (p. 154), are the two exceptions to this statement. In these two families the other members of the fraternities are normal, the parents are normal, and the inheritance is not patently defective as in the other families. Both are families whose family histories could not be investigated far.

THE ENVIRONMENT

Schedule 4 showing the environment of the children is made to include the occupations of the parents, the family income when the family existed as a unit, immediate environment when the

child was with its family, and the environment of the family during the present investigation.

Occupations:

Twenty-three of the thirty-one known fathers are laborers, ten of whom are farm laborers mainly, while the others are of the type who harvest ice or chop wood in the winter and labor at construction work in the summer. One father is a skilled workman in a brickyard, one a teamster who owns his team, one a tinsmith in a factory, one an electric lineman, one a drifter whose occupation when known was an institution attendant. Still higher in the economic scale is a tailor who runs his own shop, a teacher, and a local manager for a well-established business. Thus the majority of the children come from the laboring class. There are two aspects to this question, the first is that State institutions are designed primarily for the care of those who are unable to pay for private care, and second, the ability of the fathers of many of these children is such that they cannot rise above the laboring class. When this chart is studied in comparison with the one on heredity it will be seen that the tinsmith, the teacher, the tailor and the business man are the ones who are of normal mentality. The men who are alcoholic are for the most part able to do only intermittent work by the day, although it is said that the father of No. 6, Eva Corbin (p. 126), has never lost his positions through his drinking.

SCHEDULE 4
ENVIRONMENT OF THE CHILDREN

CASE	OCCUPATION		Family income	IMMEDIATE ENVIRONMENT		Present status
	Father	Mother		At crisis	Present	
1. Gladys Beggs	Institution attendant.	Institution inmate	None. Indoor relief for mother and child.	Institution	Institution	Child illegitimate. Whereabouts of father unknown.
2. Edward Baker	Farm laborer	Housewife	Marginal. Indoor relief for children.	Farm tenant house	In home of employer	Parents separated.
3. John Britton	Light jobs on farm	Housewife	Pension, help from neighbors. Indoor relief for children.	Isolated mountain home.	Foreign street of small city.	Father dead. Children in free homes. Mother with another man.
4. Charles Burke	Laborer	Domestic	Insufficient. Outdoor and indoor public relief for parents and child.	City slum	Mother in city; father in jail.	Parents separated.
5. Helen Cleves	Laborer	Housewife	Insufficient. Public and private outdoor relief for parents and indoor relief for children.	City slum	Mother in institution. Father dead.	Children in free homes.
6. Eva Corbin	Farm and factory laborer.	Housewife	Sufficient. Indoor relief for children because of neglect.	City slum	City slum	Children in institutions.
7. Harold Curry .....	.....	Domestic and prostitute.	Public relief for mother. Indoor relief for child.	City .....	.....	Parents both disappeared.
8. Mabel Delamater	Step-father, laborer, loafer.	Housewife	Public and private outdoor relief. Farm tenant house.	City slum	A tramp family	Children removed from them.
9. John Depoli	Teamster	Domestic and housewife.	Sufficient	Isolated rural shack	Village	Child illegitimate. Both parents married to other mates.
10. John Hale	Laborer	Housewife	Insufficient. Help from neighbors.	Village	Village	Parents separated, each with another mate.
11. Harold Hammond	Farm laborer	Housewife	Insufficient. Help from neighbors. Indoor relief for children.	Isolated rural shack	Farm tenant house	Parents together and continuing to have children.

SCHEDULE 4 — ENVIRONMENT OF THE CHILDREN — (Concluded)

CASE	OCCUPATION		Family income	IMMEDIATE ENVIRONMENT		Present status
	Father	Mother		At crisis	Present	
12. Matthew Higgins.	Farm laborer.	Housewife.	Marginal. Indoor relief for children.	Farm tenant house.	City tenement.	Children in free homes. Mother dead. Father married again.
13. Ralph Ingalls.	Laborer.	Housewife.	Liberal allowance from maternal grandfather's estate. Previous to this, indoor relief for children.	Village.	Village.	Mother heir to large estate. Two children in free homes.
14. Thomas Kent.	Laborer.	Housewife.	Indoor relief for children.	City alum.	City alum.	Father dead. Mother supported by sons.
15. Meyer Levi.	Tailor.	Housewife.	Sufficient.	City tenement.	Good city home.	Family normal, except for Meyer.
16. Richard Lawrence.	Laborer.	Housewife.	Public and private outdoor relief. Indoor relief for children.	City tenement.	Good city home.	Father dead. Mother married a prosperous man.
17. George Major.	Business man.	Dressmaker, mill operator.	Sufficient. Indoor relief for children because of desertion.	City tenement.	City tenement.	Parents divorced; man pays alimony.
18. Harriet Marvin.	Brickmaker.	Housewife.	Sufficient.	Poor village street.	Ramshackle village house.	Father supports the family.
19. Charles Miller.	Farm laborer.	Prostitute.	Indoor relief for children because of neglect.	Village.		Parents separated and lost track of.
20. Moore Family.	Laborer.	Housewife; prostitute.	Insufficient. Public outdoor relief. Indoor relief for children.	Village.	Village.	Older children in institutions.
21. Abram Newgate.	Laborer.	Housewife.	Indoor relief for children.	Fishing village.		Mother dead. Children cared for by relatives. Father married again.
22. Harold Ransom.	Farm laborer (?)	Housewife.	Indoor relief for child.	Village.	Rented farm.	Child illegitimate. Mother now married to another man.
23. Louis Rosenblum.	Tinsmith.	Housewife.	Marginal. All children but Louis supported by father.	City tenement.	City tenement.	Mother dead. Father pays board of children.

24. Elliott Baumkraus	Teacher	Housewife	Marginal	Small city		Mother and four children in institutions.
25. Edward Nammous	Laborer	Housewife	Insufficient. Indoor relief for mother and children.	Farm tenant house	City	Children in free homes. Mother in State Hospital.
26. Harry Sheldon	Laborer	Waitress	Public and private outdoor relief and indoor relief for children.	City slum	City slum	Parents separated.
27. Fred Shepherd	Farm laborer	Housekeeper for various men	None. Public and private relief.	Isolated rural home	Isolated rural home	Child illegitimate.
28. Frederick Shores	Laborer; stableman	Domestic	Insufficient; public relief and help from relatives. Indoor relief for children.	City slum	Slum in small city	Parents separated. Children cared for by relatives.
29. Howard Taylor	Laborer	Housewife, wanderer	Insufficient. Public relief and help from relatives.	Village	Village tenant house	Father dead. Mother married again.
30. Hiram Van Dusen	Electric line man	Housewife	Sufficient.	Isolated rural home	Small city	Mother and all of children but Hiram dead.
31. David Van Ormound	Farm laborer	Housewife	Insufficient. Indoor relief for children.	Isolated rural home	City tenant house	Mother dead. Father with another woman. Children in free homes.
32. Philip Wagner	Farm laborer	Domestic	Public relief.	Small city		Mother dead. Father on a small farm.

The occupation of the mothers is given as housewife when they have no occupation outside the home. It is needless to say that as housekeepers and mothers of children they fall far below an acceptable standard. Twenty-one of the women are classed as housewives while the others are distributed between the occupations of domestic, prostitute, waitress, with the exception of one, the mother of No. 17, George Major (p. 75), who is a dress-maker. She is one who is of normal intelligence but neurotic. In general the occupations of the mothers give no clue to their intelligence level.

Family Income:

In the schedule of environment the income is listed as sufficient when it is great enough to allow the family to live decently, as marginal when it is so small as to barely meet the needs, and insufficient when it must be supplemented by help either from relatives and neighbors or organized charity outside of the home. Twenty-seven of the thirty-two families fall in this latter group and are of such calibre that even if not actually feeble-minded, they are a burden upon the social group as a whole.

Two of the families are listed as having no income. The family which receives an allowance from a relative's estate is also listed as dependent since such was the case before the allowance began.

The need for outside aid in the twenty-seven families is as follows:

1. Gladys Baggs: Mother dependent, child illegitimate.
2. Edward Baker: Parents separated. Father unable to pay for care of all his children.
3. John Britton: Father a feeble old man, unable to support his wife and six boys on his pension and scanty earnings although they owned the poor mountain farm on which they lived. After the death of the father the children were deserted by the mother.
4. Charles Burke: A chronic case with the Associated Charities until the family was broken up. The father is constantly intoxicated when not in jail, the mother feeble-minded.
5. Helen Cleves: An alcoholic and finally tubercular father who dissipated his earnings as a day laborer; a feeble-

mind mother burdened with the bearing and care of eight children.

6. Eva Corbin: Children made dependent because of neglect of parents.

7. Harold Curry: Mother a domestic, dependent part of the time, child taken from her.

8. Mabel Delamater: A family able to be self-supporting but both parents are social parasites and beg or apply for relief rather than work.

9. John Depoli: Income sufficient. Father deserted child.

10. John Hale: Father alcoholic, an intermittent worker. Mother too feeble-minded to spend the income prudently. Three babies needing care.

11. Harold Hammond: Father an unskilled workman an alcoholic. Neglect of children caused the neighbors to interfere.

12. Matthew Higgins: After death of wife the father deserted children.

13. Ralph Ingalls: Before the allowance by the grandfather was made the children were put in an orphan asylum while the father was in jail. The family live on a poor scale for a day laborer and his earnings do not support the family.

14. Thomas Kent: Indoor relief for children because of alcoholism of father, and later his death.

15. Meyer Levi: Income sufficient.

16. Richard Lawrence: Father too alcoholic to support the family. Later died.

17. George Major: Children sent to institution when the father deserted family.

18. Harriet Marvin: No outside relief.

19. Charles Miller: Indoor relief of children because of neglect.

20. Moore children: The man feeble-minded, old and ruptured; the wife forced by him to support the family by prostitution. Under these conditions the children were removed by local poor officer as they were feeble-minded, placed in an institution. The man spends part of his time in jail.

21. Abram Newgate: Father alcoholic, did not support children after the mother became insane.

22. Harold Ransom: Child illegitimate. Grandfather would not support it.

23. Louis Rosenblum: Income small. Louis was put in orphan asylum. Other children supported by father.

24. Elliott Rosenkranz: Family supported by father until mother and four children were given custodial care.

25. Edward Sammons: Man alcoholic, a day laborer; family wretchedly poor but remained together until the feeble-minded wife became insane and went to County Almshouse and then to State Hospital. The children were then given orphan asylum care.

26. Harry Sheldon: Parents separated. Father not willing to support the family. Mother incompetent and part of the time unwilling to do her share.

27. Fred Shepherd: Child illegitimate. Mother dependent.

28. Frederick Shores: Both parents subnormal and both unwilling to do their part in supporting the family.

29. Howard Taylor: After death of father mother lived on generosity of his relatives; gave birth to illegitimate child in the almshouse and then left her children in an orphan asylum.

30. Hiram Van Dusen: Father supported his family.

31. David Van Ormund: Father alcoholic, a farm laborer. Did not support children after death of their mother.

32. Philip Wagner: Child illegitimate. Mother relieved of its care.

Thus the calibre of all but five of these families is such that they are dependent upon the normal portion of the community for their existence.

Habitat:

That this dependency is not due to the industrial maladjustment of large cities is indicated by the fact that eleven of the fifteen cases so helped are from rural or village homes, and but four

of them from cities. The cities in question are third-class cities and the families are not foreign ones.

This brings us to a consideration of the localities where feeble-minded families flourish. Below are given examples of families which have lived in the remote rural districts. They are from no particular portion of the State. Fred Shepherd is from a mountain home in the Adirondacks; John Britton from one in the Catskills, and both are half-way across the State from the home of the Moores. The habitat particularly congenial to feeble-minded stock and many times the fountainhead of streams of degeneracy is the isolated mountain nook, on land of too little value to be wanted by the ambitious, yet near enough to prosperous neighbors so that the feeble-minded families may profit by the pay of an occasional day's or month's work; perhaps commit depredations upon the gardens and chicken roosts, and receive gifts of cast-off clothing and furniture. Primitive instinct as well as economic necessity leads them to their choice of a home removed from the competition of the main beaten track and the burden of them is not felt by the community until they are thrust into the complicated life of the cities or when, as in these cases, a group of them become dependent. Social caste draws a line between the worthless and the prosperous families and were this line strictly defined, the poorest blood would be self-eliminating. But frequently there is an illicit mingling of stronger blood through the immoral members of the higher grade families which gives the poor blood strength to continue.

The schedule gives the residence of each family at the time the crisis occurred which resulted in the removal of the child from the family, and in the second column the residence of the family or the representative of the family at the time of the investigation. Fifteen of the children were city children, seven from villages, nine from rural sections and one the child of an institution inmate. Although the bulk of social effort has been expended in cities, extended studies of defective families has shown that the isolated mountain districts often harbor the chronic dependents. The Jukes family is the classic example of the lawlessness that may develop when groups of people are undisturbed by the conventions of civilization.

The Britton family is given here as an example of the defective mountain family. It affords an illustration of the nests of degeneration.

eracy which year after year throw a burden upon the community, absorbing public funds which might otherwise be used in constructive social work.

No. 3, John Britton, Age 19 5-12, Mental Age VII 2-5.

Heredity: Mother feeble-minded, alcoholic, immoral, possibly epileptic, from a feeble-minded, criminalistic family. Father feeble-minded, from a degenerate family. Six brothers, five feeble-minded. Two half-sibs feeble-minded.

The Environment: The home of the family was a poor little shack, since fallen down, on a farm which consisted chiefly of scenery, on a back mountain road. The surroundings were comfortless and immoral. The family was a joke and a by-word in the neighborhood. The pension of the father was the main support of the family of nine, supplemented by the income from the occasional day's work which the feeble old man was able to do. Pitying neighbors sometimes helped out with gifts.

The Mother: The family history centers around Emily, the mother of the subject, a large muscular woman, untruthful and immoral, with a reputation for revenge which makes the neighbors profess to be afraid of her. A liberal estimate of her intelligence level would place it at X years. According to her own statement she has had epileptic fits. At sixteen she married a simple man from the same type of family as hers, by whom she had three children. Her conduct was so immoral that her husband, in jealousy, shot a man who was coming from her house, and was in consequence sent to prison. Emily then left her two living children to go with old John Britton, whose chief attraction must have been his pension. In the next ten years seven boys were born. While waiting for the old soldier to die she took into his house her third lover and immediately upon his death deserted her six oldest boys to go with this man. She is now living on a poor street in a thriving city with this man and her youngest boy, and running a rooming house for men to which immoral girls go. Her contribution to society has been ten children, of whom eight are feeble-minded, of the type which may become law-breakers, one died in infancy, and the other one is not diagnosed.

The Father: He was a feeble-minded man from a feeble-minded family, the object of pity because he was so old and wretched. Aside from his pension (said to have been obtained under false pretenses) he seems to have figured little in the family plan.

The Patient: John Britton was born May 31, 1897. His mother states that he was healthy except for "nervous convulsions." He lived in this miserable home until the age of twelve when at the death of his father he was deserted by his mother. As five younger children in the family had also been deserted, the payment of whose board would swell the expenses of the county, the superintendent of the poor found a farm home for John where he could do chores in return for a home. It took only a few weeks to demonstrate that he was not bright enough to learn to do farm work, hence was kept at the almshouse until he could be sent to Industry for training. As he proved unable to profit by training in this institution, application was soon made for his admission to Rome. The blank stated that he was irritable, soiled himself, masturbated almost constantly, and nearly every day danced, sang and yelled. He was admitted to Rome November, 1910, eleven months after his admission to Industry.

He is now full-grown, tall, slender, lacking in vitality and slow in thought and motion. His features are regular and but for his lifeless expression he might pass for a good-looking fellow. He has light hair, blue eyes with dilated pupils, high palate and fissured tongue.

Ever since this study has been in progress John has been past the age of training and has been employed at the institution as a farm or kitchen helper. He has an "awful temper," attacks of which appear without apparent cause, is disobedient and untruthful. Except for his outbursts of temper his life is uneventful, but as recently as September, 1916, he was in discipline for throwing a knife at a patient.

As might be expected the mental tests show no progress since the age of sixteen. The basal year has remained at VI and the slight differences in scoring have been due to success or failure in such minor accomplishments as naming colors, the days of the week, etc.

STATE BOARD OF CHARITIES

Date of Examination	Age	Mental Age	Retardation
June, 1913	16 1-12	VII 3-5	4 1-2
October, 1914	17 5-12	VII 1-5	5
October, 1915	18 5-12	VII	5
October, 1916	19 5-12	VII 2-5	5

Although at first he was classed as a border-line case with a possibility of his improving enough to raise his level of intelligence, subsequent tests together with abnormal reactions to discipline and environment have conclusively proved that he is mentally defective, incapable of earning a living, and will always need the personal supervision that obtains only in a custodial institution.

The Patient's Fraternity: The traits which the seven boys in this fraternity have in common are shown in the table below:

NAME	Age	Mental age	School grade	Characteristics	Present care
John	19 5/12	VII 2/5	None	Ugly temper, unreliable.	Custodial.
Cal	17	VIII 3/5	Learned little...	Untruthful, unreliable, stupid.	Free farm home, under supervision.
Harry	15 11/12	IX 3/5	1-B	Unstable, criminalistic.	Custodial.
Tom	14	IX 3/5	4th	Bad behavior, quarrelsome.	Free farm home, under supervision.
Isaac	12	IX	3rd	Lies, steals, incorrigible.	Boarding home.
Frank	11	Unknown	Reported bright.	Stubborn, hard to control.	Free home under supervision.
William	9 7/12	V 4/5	Fails in 2nd.....	Stubborn but quiet.	With his mother.

After the mother deserted them, the five boys younger than John were placed in a children's home and soon turned over to a child-placing agency. Harry proved to be so unmanageable that he was returned and sent to the Syracuse State Institution where he has since remained except for short intervals when he absconds. His criminalistic tendencies point to serious trouble in the future. Isaac stole so persistently that he was about to be returned to the county as a non-placeable child when his present particularly fortunate boarding place was found for him. Frank has been placed

in a free home in a distant State beyond the reach of the investigator, so could not be tested. The other two are in free farm homes under supervision and both are problems. The youngest who stayed with his mother is feeble-minded but has not yet become troublesome.

As the table shows, John differs little from his brothers and it is almost accidental that he has custodial care rather than some of the others. Custodial care for Harry hinged upon the fact that he was ungovernable.

The half-sibs of John by the same mother are no better. The first died in infancy of convulsions. The second, a girl, was undoubtedly feeble-minded and died young, leaving two children. The third, a young fellow under thirty, is "just a common chicken thief," who is feeble-minded. He is unmarried and works as a farm laborer.

The Father's Family: The father's family has been poor stock for generations, considered by the neighbors as shiftless and lazy, poor and very ignorant, but not vicious. Most of them have stayed in the mountains, but one branch has gone to a nearby city where they are counted among the lowest class; the men are day laborers, idle in the winter; the girls immoral.

The Mother's Family: They are much the same kind of people. One has served a prison term for rape, another absconded with a married woman and some money, another is said to be doing well. There is a report, not confirmed, of convulsions in the family.

The mental deficiency of these children might have been predicted before their birth, but the public paid no active attention to them until they became public charges. It is probable that now such conditions would not have been allowed to exist and the children would have been removed earlier on the ground of improper guardianship. All of these boys, with the possible exception of Frank, are properly custodial cases; two of them have found custodial care, the others have the chance of carrying on the line to the next generation unless they are so unattractive as to prevent their finding mates. Through the placing-out agency the burden

has been placed upon other States and as yet no protest has arisen. A eugenic program for the family calls for the ending of the line. Here sterilization might be a plausible solution. It seems fair that the community which has fostered such a family should be responsible for its future care rather than have the burden placed upon some other State or section of the State.

This family, as did the Baker family, No. 2 (p. 116), presents a grave problem in placing-out work and it also illustrates the point made in the case of No. 32, Philip Wagner (p. 152), that well-disposed, feeble-minded boys often find a place for themselves in farm homes under kindly supervision.

No. 27, Fred Shepherd, Age 13 3-12, Mental Age IX 2-5.

Heredity: Mother feeble-minded, immoral, pauper. Mother's sister epileptic, died at Craig Colony. Mother's brother worthless and shiftless. Supposed father worthless, his parents subnormal.

The Environment: He comes from a family living in a secluded settlement of huts several miles from a village or a railroad, known as Woodchuck City, and the inhabitants of the huts are spoken of as Woodchucks. The history of Fred is typical of the offspring of the degenerate mountain stock.

The Mother: She is a poor, weak, feeble-minded woman with a mentality estimated at VIII years. For part of her life she has been a public charge, at other times she has been maintained by men for whom she kept house. She is amiable, easily pleased, and well-meaning. The neighbors, recognizing her deficiency, make allowances for her transgression from recognized standards of morality.

The Patient: Fred, the only child, is illegitimate. As a baby he had an aggravated case of rachitis, as a result of which dentition was delayed until he was ten years old and his permanent set of teeth was not complete until he was fourteen. Also on account of that disorder he could not walk when he was five years old, so his mother was persuaded to let him go away for treatment. From that time until the investigator called upon her eight years later she had never heard from her child, and then her interest was chiefly concerned in knowing if he had ever learned to walk.

Fred stayed in the hospital for three years and had several operations to straighten his legs. Then, when the hospital reported that it could do nothing more for him he was transferred to an orphan asylum and shortly after to a placing-out agency. From the latter he was returned to the orphan asylum within four months as not placeable. By this time he was eight years old. When he was twelve the superintendent of the orphan asylum urged that he be sent to an institution for the feeble-minded as he was not able to do first grade work and was developing irritable, violent spells and needed special care. He was admitted to the Rome State Custodial Asylum March 20, 1912.

In the institution he is classed as one of the brighter boys and a well-developed sense of rhythm has made him successful in kindergarten games. He has shown some ability at the piano. His caretakers feel that he is deteriorating and is less promising than he was a year ago. His disposition is fair, he is usually compliant and obedient, but at times becomes very stubborn. His mental ability is such that he should be able to lead a useful life under supervision. He makes a fair appearance for he is alert and quick and has a ready smile. He is often called upon to exhibit his tongue which is fissured and very long.

Date of Examination	Age	Mental Age	Retardation
December, 1913	11 5-12	VII 3-5	3
October, 1914	12 3-12	VIII 4-5	4
October, 1915	13 3-12	IX 2-5	3

Relatives: Fred's mother had a sister who was a low grade epileptic, cared for first at the almshouse, and later at Craig Colony where she died. A brother is a worthless, shiftless man. He is married but has had no children so that this line of the family is likely to be ended. Fred's maternal grandparents are of the worthless, shiftless type. The reputed father has the reputation of being the biggest liar in the village, and his mother is subnormal. The only brother of the reputed father became the victim of a drug habit and committed suicide, but his descendants are normal.

Fred seems to be the only one with the possibility of transmitting the defective germ plasm. Hence if he continues to be cared for, a weak line will be ended.

SOCIAL AGENCIES CONCERNED WITH THE CASES

Of these thirty-two families under investigation but three have not come under the care of some social agency at some time. Many of the families here described have been chronic cases with the charity organizations, and it is families such as these which keep up the supply of long-standing, hopeless cases. The assistance given these families has been dependent more upon the activities of the social agencies than upon the acuteness of the situation in the families, that is, conditions in a family which called for interference continued for a longer time in communities where no social workers were employed than in those where social workers were located.

SCHEDULE 5

CASE STUDIES IN MENTAL DEFECT

107

[illegible]

25. Edward Simmons	Patient Brother	Patient	Mother	Mother Brother	Patient 2 brothers Sister	Sister 2 brothers			Mother
26. Harry Sheldon	Patient Sister			Patient 2 sisters			Family		
27. Fred Shepherd	Patient	Patient	Mother			Patient			
28. Frederick Shores	Patient Brother	Patient Brother					Family		
29. Howard Taylor	Patient Brother	Patient	Mother		Patient 2 brothers	Half-brother			
30. Hiram Van Dusen	Patient	Brother	Mother	Patient	Patient				
31. David Van Ormound	Patient Sister	Patient Sister		Brother Sister		Patient			
32. Philip Wagner		Patient			Patient				

In New York State the principal social agencies in addition to the poor law officials are the county children's agencies, the humane societies, the placing-out agencies, and in the larger cities the associated charities. The charitable institutions are the orphan asylums, the State custodial and reformatory institutions, the State hospitals for the insane, the hospitals, almshouses and jails.

Schedule 5 shows the social agencies which have dealt with various members of the immediate families of these cases who have come under the care of these agencies. In this schedule 264 individuals are under consideration, the 64 parents of the 32 families and the 200 children which make up the number of patients and their fraternities. Of the members of these families 69 have been in orphan asylums; 55 in custodial institutions; 5 in reformatories; 8 in almshouses; 12 are known to have been in hospitals at public expense. No doubt other cases occurred which escaped notice in the investigation. County children's agencies assisted in the disposition of 30 of the children and placing-out agencies dealt with 23. Five of the thirty-two families have been under the care of associated charities. The reason that more of them have not had such care is that few of them were city families. Humane societies have been called in to deal with four of the families. Seven of the thirty-two fathers have been in jail, and two of the mothers in State hospitals for the insane.

The family of Frederick Shores, consisting of six persons, has come under the care of an orphan asylum, humane society, a custodial asylum, a tuberculosis hospital, the poor law officers of two cities, has engaged the attention of the police and has been a burden upon the relatives.

No. 28, Frederick Shores, Age 11 1-2, Mental Age VI 4-5.

Heredity: Father lazy, alcoholic, immoral, subnormal, a gambler. Mother subnormal, immoral, tubercular. Father's mother epileptic, the family respectable. Mother's family of low moral standards with three generations of illegitimacy. Three sibs feeble-minded. Half-sister immoral.

The Parents: The parents of Frederick are from a negro community of a small city which by its location is practically an island without connection with other colored families. The father, Joe, is from one of the best of these families,

his people are respected and self-supporting, but his mother died at 58 of epilepsy of seven months' duration. The father's fraternity are good citizens but Joe is a sullen, unpleasant man for whom no one has a good word. He drinks, gambles, prefers other women to his wife, has never supported his family and is in every way socially undesirable. He was slow to learn in school and the evidence indicates that he is subnormal, although not feeble-minded.

The mother, Mae, is from a lower type of family which has been promiscuous in its relations. She is an illegitimate child, and with her own illegitimate child and grandchild she furnishes an example of three generations of illegitimacy. She is subnormal in intelligence, that is, she is able to do housework and kitchen drudgery under direction but if left entirely to herself does not get along well, is slow and plodding. Her moral standards are low, like other members of her family. At 17 years she had an illegitimate child and since her separation from her husband she has had other connections.

The marriage of these two was entirely unsuccessful. They were supported for the most part by Joe's father until after three children, of whom one died, were born. Then Joe deserted his family, going to a distant city. The local authorities discouraged her plan for bringing action for non-support for they knew that nothing could be collected from the good-for-nothing Joe, but when he sent for her to come to him she was gladly helped to go, for in this way the burden of their support would be thrown upon another city. In their new home two more children were born. Joe worked fitfully, drank and gambled, and Mae would not go out to work to help along. Finally she left him and the two older boys while she took the two little girls back to her home city with her. The two boys, Samuel, aged 9, and Fred, the patient, aged 5, were left alone until the Humane Society removed them to the orphan asylum. Here the mental deficiency of both of them was apparent and plans were made for their transfer to Rome. This was accomplished July 28, 1911. Sam was a low grade patient, uncleanly, unable to learn or comprehend. He died August 8, 1914.

The Patient: Fred was admitted to the Rome State Custodial July 28, 1911. After the death of Sam an intelligent paternal aunt was given permission to take him to her home. Fred was then 10 years old, a stupid, uncleanly, undersized colored child with a flat nose, poorly formed ears, high palate, and irregular teeth. The aunt was dismayed at the task of caring for this child since he seemed hopeless in comparison with her own bright 12-year-old boy, but she patiently set to work to teach him to be clean. This she accomplished in about a year. He was sent to the public school where at first he was not able to do first grade work, but in March, 1917, when he was 12 he was doing second grade work quite acceptably and was a quiet, well-behaved child. He has responded to the painstaking, intelligent training he has received and while he will probably remain a low grade moron, it is quite possible that with the formation of good habits he may be able to do simple work under direction. His mental progress has been slow.

Date of Examination	Age	Mental Age	Retardation
December, 1913	9 3-12	IV 3-5	5
November, 1914	10 2-12	VI	4
October, 1915	11 1-12	VI 4-5	4

Fraternity: The oldest child in the family, Sam, has already been described as a low grade imbecile. The next child died of pneumonia at 6 months of age. Fred is the next and after him comes Mabel who at 6 9-12 years of age tests IV 4-5 years mentally. She is cared for by her great-grandmother while her mother goes out by the day to work, and is the only one of the children who is even in part supported by either of the parents. As the family recognize her as unusually backward, unable to learn in school or to do errands, it seems safe to consider her a feeble-minded child. The youngest, Julia, is a talkative, backward child who grades III 3-5 years mentally at 5 9-12 years, whom her relatives admit is stupid. A maternal great-aunt cares for her. Before her marriage Mae, the mother, had an illegitimate child who is reported to be bright but immoral, and her illegitimate child has just begun to walk and talk at

Since Mae has been back to her home city she has gone out to work by the day and has supported herself except for the time she has had treatment in a tuberculosis sanitarium. The father has worked and loafed as usual and is said to be living with another woman. As far as can be learned, the mother's family have been of normal intelligence with some musical ability, but with low moral standards.

THE ORPHAN ASYLUMS

The report of the State Board of Charities for the year ending June 30, 1917, shows (pp. 99 to 101) that during that year 16,547 children were admitted to orphan asylums or homes for children. Of these 10,695 were committed or accepted as public charges. Tables A and B in that report (Appendix, Sect. 2) give in detail the causes for commitment and dependency of the children as shown by the records of admission. Of these 10,695 children only 315 are orphans, and 5,886 have both parents living. The three large groups of these dependent children with both parents living fall into the class of proper guardianship lacking on part of one or both parents, mother sick, crippled, insane, feeble-minded, or otherwise physically or mentally incapable, and child delinquent, ungovernable, disorderly, truant or vagrant. The foundlings or illegitimate children make up a little more than one-tenth of the public charges. This tabulation shows that the cases described in this report are not special or isolated instances, but are a part of one of the main currents carrying the children into the orphan asylums of the State.

No special case is given here to exemplify the relation between the subnormal families and the orphan asylums, but attention is called to the following: No. 5, Helen Cleves (p. 54); No. 6, Eva Corbin (p. 126); No. 10, John Hale (p. 81); No. 12, Matthew Higgins (p. 70); No. 13, Ralph Ingalls (p. 66); No. 25, Edward Sammons (p. 37).

PLACING-OUT AGENCIES

An important phase of the care of dependent children is the placing of them in homes for adoption or in free homes. Given normal children and good homes, the merit of such a system is

self-evident and calls for no comment. Cases arise, however, where serious deliberation is needed to insure just treatment to the child and the foster-families. High working standards were formulated by the Report of the Special Committee of the New York State Conference of Charities and Correction on the Standards of Placing-Out Supervision and After-Care of Dependent Children (November, 1915.) Queries 8 and 9 bear upon the question of mentality as follows:

8. How far should inquiries be pushed in regard to the parentage and family connections of children who are to be offered to foster parents?

The investigation of the family history of a child should include all the data which can be obtained without undue expense in regard to the parents, brothers, sisters and grandparents of the child. Honest and earnest effort should be made by personal visit and by correspondence to secure this information. There should also be secured such facts as may be readily obtainable in regard to aunts, uncles and other relatives.

In regard to the child's immediate family, i. e.: parents, brothers, sisters and grandparents, the facts should, whenever possible, include the following: the name, former and last known address, with date; whether living or dead; if dead, date and cause of death; nationality; race; religion; occupation; health; mentality; habits; moral character; prominent traits; personal description; social and moral standards of the family, etc. Any indications of abnormality should be noted. The housing and neighborhood conditions and the standards of home life should be recorded, as well as the child's characteristics and personal history. The sources of information should be given with full name and address, and if an official, the title of the person from whom the information is secured.

9. What must we require of the children in the way of:

(a) Health.

A placing-out society should be fully informed by a competent physician concerning the physical condition of each child who is to be placed. No child suffering from an infectious or contagious disease, which would endanger others, should be placed. Children suffering from a physical defect,

who are not a menace to the community, may be placed in specially chosen homes.

(b) Mentality.

No child should be deprived of an opportunity for family life merely because of the fact that he is peculiar, backward, retarded in school, or mentally slower than the ordinary child of his age. If his mental deficiency, however, results in such conduct as to be an actual danger to himself or to others under the usual conditions of family life, he should either be placed in a family home selected for its ability to afford special supervision, or in a custodial institution. Borderline and doubtful cases of mental ability should be placed in boarding homes rather than free homes, and under special supervision, pending determination of their mental status. Children pronounced by competent authorities to be definitely feeble-minded, should be placed in suitable institutions. In the absence of adequate institutional provision, boarding in carefully selected families may be the next best alternative.

(c) Character and Disposition.

No child should be deprived of a trial in a family home because of an undesirable disposition or unfortunate habits, unless such disposition and habits constitute a source of actual danger to himself or to others in the community, which cannot be overcome by home life under ordinary conditions. A child whose conduct may be an actual danger to others, under the ordinary conditions of family life, should either be placed in a family home selected for its ability to afford special supervision, or in a reformatory institution. Borderline and doubtful cases should be under special supervision, both by the family and by the placing-out agency, pending determination of the necessity of commitment.

(d) Heredity.

A child, both of whose parents are obviously feeble-minded, or have been pronounced feeble-minded by competent authorities, should not be placed in a free home for adoption, but may be boarded in a family under careful supervision until the mental capacity of the child is clearly

established. A child, one or both of whose parents are epileptic, insane, of weak or degenerate stock, or of doubtful mentality, or who are reputed to be feeble-minded, should not be placed in a free home for adoption unless the foster parents are fully informed as to the child's history, and are able to understand the responsibility they are assuming. If such a child has reached an age at which his mental, moral and physical status can be reasonably determined, he should be dealt with on the basis of his individual capacity and not on the basis of his heredity.

Edward Baker, No. 2, presents a problem of especial interest in the ethics of placing-out children since the father was also a placed-out child.

No. 2, Edward Baker, Age 7 1-12, Mental Age VII 1-5.

Heredity: Mother feeble-minded, the result of a cousin marriage in a low-class family, with a tendency to wanderlust. Mother's mother immoral. Mother's father immoral. Father subnormal, industrious, well-meaning. His family history not determined. *Fraternity:* A sister of doubtful mentality. Two paternal half-sisters feeble-minded, mentality of the third not ascertained.

The Patient: Edward was born September 23, 1909, the oldest child of his mother then 32 years of age. The family at the time were living in a tenant house in a fair farming community near the Canadian border, and consisted of the parents and two paternal half-sisters. As a baby Edward was particularly attractive. Illness and spasms are denied, but when at two years of age he was taken to the orphan asylum by his father he gave evidences of gross neglect and was bruised by beatings. In the orphan asylum he was considered feeble-minded as he hardly talked, and cried most of the time. When three years of age he was sent to the Rome State Custodial Asylum. As he grew older he improved so steadily that he stood out in striking contrast to the other children on the ward. He showed himself likeable, well-behaved, plucky, with a strong inclination to

have his own way, but with a good disposition. In class work he was ready and responsive. The petting and attention which he received from teachers and attendants with whom he was a favorite somewhat compensated for the unfavorable environment of the wards and seen against the background of feeble-minded children he appeared to be a promising child. Mental examinations extending over a period of four years showed steady growth, and in October, 1916, there was no retardation according to the Binet tests. In interest, promptness, and general reactions Edward appeared to be a normal child.

Date of Examination	Age	Mental Age	Retardation
December, 1913	4 3-12	III	1
October, 1914	5 1-12	IV 2-5	1
October, 1915	6 1-12	V 1-5	1
October, 1916	7 1-12	VII 1-5	0

In view of his steady development, discharge was recommended in October, 1915, as soon as his bad case of adenoids should be corrected. However, the adenoids were not removed and his discharge was not accomplished until November, 1916, when he was sent back to the orphan asylum from which he had come. At this time he was a sturdy, well-built boy, with brown eyes, a forehead somewhat too narrow, but with no physical abnormalities, and a bright expression. At the orphan asylum he was considered a placeable child and in January, 1917, was put in charge of a placing-out agency. This society in March, 1917, wrote that Edward was dull and troubled with enuresis and the removal of the adenoid growths had not made any improvement in his mentality. They considered him backward, and possibly deficient. Edward's previous history had not accompanied him and evidently this difference in opinion concerning him depended directly upon comparing him with the brighter children of the placing-out agency, rather than the duller children of the custodial asylum, and even in the orphan asylum the standards of comparison were not high.

The problem now is, what should be done with a boy seven years of age, testing normal by the Binet tests, but backward in comparison with other children, with neither parent normal. His history shows the injustice of settling the fate of a backward child at an early age by sending him to a custodial asylum, and shows that a diagnosis based upon family history may prove unfair. Fair treatment for this boy seems to demand that he should be given the opportunities due a normal child until he proves himself otherwise, but it is certainly not fair to place him in a free home without careful supervision.

The Father: The father is an unnaturalized Englishman who at 14 years was sent to Canada by an English placing-out agency, and ever after shifted for himself. He is a farm laborer, subnormal in intelligence, but industrious and well-meaning. The selection of two feeble-minded wives is evidence of poor judgment. The death of his first wife left him with three little children, and upon the recommendation of the neighbors he married a second. Finding her a poor mother he found boarding places for his children and deserted his wife, but was persuaded to come back to her again. He then established a home in New York State and Edward and a little girl were born. At the end of two years with his shiftless wife beating and abusing her own and her step-children, and with another child in prospect, the man in desperation conducted her across the border into Canada and then reported her to the immigration authorities so that she would not be allowed to come back. He then returned to the State, paid board for his older children, and put Edward and the little girl in the orphan asylum. Thus his method of limiting the size of his family to one that he could support was in the nature of desertion of his wife, but the effect was desirable from the eugenic point of view.

The Mother: The mother was from a low-class Canadian family, feeble-minded, undomestic, excitable, and with an extremely bad temper. She is still under forty, and is living with an old man in Canada and has had two children by him.

The Fraternity: Edward's sister, Beatrice, presents much

the same problem as Edward. She is now in her third free home where she is not entirely satisfactory. She is so nearly normal that at six years of age she cannot be considered otherwise, yet she is unstable and excitable.

The half-sibs: There were three Baker girls by the first wife. The oldest of these is 18 and has a mentality estimated at VII years. She is over-developed, and so dirty and lazy that she is useless as kitchen help, and her housekeeping is typically that of a feeble-minded person. Although brought up in a decent home, and married, she is immoral. Her first baby, a monstrosity, died, but there is every prospect of her bearing many children to continue a bad Canadian line in New York State. As might be expected, her husband is an inferior man. She is legally married and not dependent upon public charity so there seems no ground for interference although her mentality is such as would warrant custodial care. Her sister at 14 is in the fourth grade in school, is ambitionless and mentally defective, but is a brighter and better girl than the older one. The youngest of the half-sibs was adopted by an uncle in Canada and is reported to be bright in school. The mother of these children was feeble-minded.

Nothing can be learned of the father's family.

The mother's family is a large and shiftless one about whom many jokes are told. One brother of the mother is liable for arrest if he comes back home; one never came back from the Cuban war, and the northwest has claimed two of them. One sister is believed to be normal.

The family history is bad, but not startlingly so to one who is familiar with feeble-minded families. The father's progeny is bad. He himself is a useful farm hand. The poor-law officials have reported the whereabouts of the family as unknown for the last four years although the father had been living all of the time within fourteen miles of the authorities so reporting.

DISTRIBUTION OF CASES TO STATE INSTITUTIONS

The State Board of Charities has called attention repeatedly to the need of a central system which will insure a proper dis-

tribution of cases to the institutions. Under the present system the selection of the institution is the work of the committing officer who makes application for the case at the institution which is in his judgment best adapted to the needs of the individual. Admission depends upon vacancies in the institution and the quota allowed each county on the basis of its population. Discharge is left to the discretion of the boards of managers of the institutions without opportunity of appeal given to the county.

Several children in this list seem to have been more properly cases for the Syracuse State Institution, which is especially equipped for the training of the feeble-minded, than for the Rome State Custodial Asylum which is primarily a custodial institution, while others, notably the Corbins No. 6 (p. 126), belong in the Rome State Custodial Asylum where the cost of care is less after they have passed their years of training. A central body to pass upon the applications for admission and discharge of patients should result in due consideration being given to the individual, the institution, and the community.

No. 24, Elliott Rosenkranz, Age 14 5-12, Mental Age VII 1-5.

Heredity: Father normal, the thirteenth child in the family and the first to survive. Mother feeble-minded, an inmate of the Rome State Custodial Asylum. Two brothers and one sister inmates of the Syracuse State Institution. Four youngest children died in infancy.

The Parents: The family history of the Rosenkranz family is unusual and the problem of inheritance puzzling. The father of the family is a Jewish teacher, an intelligent and educated man who was born in Jerusalem, Palestine, and now holds a responsible position in America. Before he was 17 his parents, desiring to arrange an advantageous marriage, were delighted when the opportunity offered to have him marry the daughter of a Hebrew family returned from America who seemed to them wonderfully wealthy. So the 17-year-old youth was married to their daughter and immediately came to America with them. He could not speak English, the only language she knew, but the parents assured him that when they could understand each other all would be well. The man in time realized that his wife, Sarah, was

mentally defective, but she was devoted to and dependent upon him, and while her mother lived to direct the household affairs they managed to get along, but after her death the children were utterly neglected and with no one to care for them. The mother was later admitted to the Rome State Custodial Asylum and has remained there.

The Patient: Elliott is an excessively good-natured boy of 14 years, childish in appearance with an expansive grin. He has hazel eyes, large projecting ears which are asymmetrical, very irregular teeth, fissured tongue, and poor motor coordination. His mental progress has been slow.

Date of Examination	Age	Mental Age	Retardation
January, 1913	10 8-12	V 4-5	5
October, 1914	12 5-12	V 3-5	6
October, 1915	13 5-12	VI	6
October, 1916	14 5-12	VII 1-5	5

Fraternity: The father was 18 years old when the first child was born. Others followed and their slow mental development showed that they were mentally defective. In all there were nine children, of whom the four youngest died, while all of the living ones with the exception of the daughter, the second in line of birth, are feeble-minded, of the custodial type. After the death of the grandmother the children were utterly neglected and had no one to care for them. The commitment of the defective children to an institution for the feeble-minded seemed the only solution to the problem. This was accomplished in November, 1904, for the three oldest ones, then 5, 6, and 11 years of age respectively. They are described at that time as being quite attractive. In the following March they were all discharged from the Rome State Custodial Asylum on the ground that it was not yet proved that they were feeble-minded. Their discharge made the situation at home as acute as it had been before, so the obvious move was to apply for their admission to the Syracuse State Institution. This was accomplished the same month for the oldest boy and the two others were admitted the next year.

An acquaintance of ten years with these children has proved conclusively that they are custodial cases, and now that their years of training are past they should go back to the Rome State Custodial Asylum where the cost of maintenance is less. The State gained nothing by their first discharge from Rome, since they needed custodial care. The contention that they might not prove to be feeble-minded is worthy of consideration, yet an investigation of the condition likely to be created by their return home would probably have resulted in their retention in the institution.

These children are similar in type, all inoffensive, harmless, and good-natured, with mentalities ranging between VII and VIII years. Convulsions in childhood are denied for all except Bessie who is also the only one for whom any illnesses are reported.

NAME	Age	Mental age	School grade	Characteristics
Jacob.....	24 2/12	VII 4/5	I.....	Amiable, does errands.
Ida.....	21	Normal	High school and business school	
Julius.....	18 10/12	VIII	I.....	Can add to ten, speech defective, does simple work.
Bessie.....	17 10/12	VII 2/5	I.....	Good disposition, attention poor.
Elliot.....	14 5/12	VII 1/5	None.....	Good-natured, clean, does a little ward work.

The normal child in the family is the second in line of birth, and there seems to be no plausible explanation to account for her. If the extreme youth of the parents had an effect upon the children, then the younger children should have been brighter rather than the next to the oldest one. The fact that the father's family cannot be investigated makes it impossible to determine whether or not the inheritance is following the Mendelian law. The mother is positively feeble-minded, more talkative and unstable than her children, but of about the same grade of mentality. The father, though normal, was the thirteenth child in the family and the first to survive infancy. A younger brother of the father is stated to be normal, as well as all of the other members, but this cannot be verified. The mother was the only

child of her family who lived to grow up. Her father was a pronounced alcoholic and this is the assigned cause of Sarah's deficiency.

This family has been a great financial burden upon the State, the cost of which has been computed in the description of the Corbin family.

THE COST OF THE FEEBLE-MINDED

The cost of the feeble-minded has a very practical bearing upon the handling of the problem. It has a three-fold aspect, first the aid given through organized agencies, as the public and private charities, the institutions, jails, etc., which can be computed; second, the cost to the community in the nature of help given by neighbors and relatives, the cost to the school system in repeating grades, the petty thefts, the policing of the city, the machinery of the courts, etc., items which are real and yet cannot be estimated; third, the cost to the community of lowered moral standards, vicious training of children and ruined lives, items too costly to be expressed in monetary terms. Thus any computation that can be made fails to tell the whole story. The great argument for the custodial care of the feeble-minded who need it is the humanitarian one of protection due to its weak members from the State, yet as an insurance against greater burdens in the next generation it is a proposition which appeals to the practical sense of those who are familiar with the subject. Practically every family in the group shows instances of suffering which custodial care in this or the preceding generation would have prevented. While not every moron becomes a source of expense, still the possibility exists for any feeble-minded woman without adequate protection, either in her home or under the guardianship of the State to repeat such a history as is cited below in No. 6, the Corbin family.

It costs no more to rear a feeble-minded child than a normal one, but in the normal family this expense is borne by the parents or natural guardian and the value of the productive adult repays the expenditure. In case the natural guardian is lacking, the training by the State of the normal child is still in the nature of a paying investment. But since the imbecile, in adult life, will

still be a drain upon society, the outlay from the beginning is wasted, and it is fair to compute the cost from infancy as a burden upon society.

Those morons who are in institutions lighten the burden somewhat, for their labor enables the superintendents to maintain the institutions at the prevailing low per capita cost. All of the children in this study over fifteen years of age are contributing, some very slightly, toward their self-support by the labor which they perform. Three are self-supporting to the degree that they return to the shelter of the institution only when ill.

The Corbin family described below has been the most costly one in this group of cases, but not much more so than the Rosenkranz family No. 24 (p. 120), or the Moore family No. 20 (p. 28). The Corbin children became public charges when conditions in the family became so bad that the poor relief agencies were called upon to investigate. From March, 1906, to March, 1917, the six older children cost the county and State \$10,588,87, the computation based upon the weeks of residence in the institutions and the per capita cost in the institutions as given in the report of the State Board of Charities for the year 1915.

Albert, 78 weeks in orphan asylum at \$3.00 per week	\$234 00
Albert, 494 weeks in Syracuse State Institution at \$3.95 per week	1,951 30
Adrian, 78 weeks in orphan asylum at \$3.00 per week	234 00
Adrian, 494 weeks in Syracuse State Institution at \$3.95 per week	1,951 30
Angelina, 100 weeks in orphan asylum at \$3.00 per week	300 00
Angelina, 469 weeks in Syracuse State Institution at \$3.95 per week	1,852 55
Edna, 260 weeks in orphan asylum at \$3.00 per week	780 00
* Edna, 312 weeks in Syracuse State Institution at \$3.95 per week	1,232 40
Eva, 123 weeks in orphan asylum at \$3.25 per week	399 75

* Edna died July 22, 1917.

Eva, 83 weeks in orphan asylum at \$3.00 per week	\$249 00
Eva, 364 weeks in Rome State Custodial Asylum at \$2.88 per week.....	1,037 32
Mabel, 113 weeks in orphan asylum at \$3.25 per week	367 25
Total	<u>\$10,588 87</u>

This computation was made just before the two younger children were committed to the orphan asylum by which action \$3.00 per week for each of these children was added to the weekly cost of the family. At present, then, there are four children at the Syracuse State Institution at \$200 each per year, one at the Rome State Custodial Asylum at \$150 per year, and two at the orphan asylum at \$150 per year each, making a yearly cost of \$1,250 for the offspring of one feeble-minded alcoholic woman.

The oldest of these children is 21 years of age, and while two are sickly the probabilities are that this burden will continue many years. The labor that the Corbin children can perform in return for their maintenance is practically negligible as they are able to do only the simplest work under direction. The cost of their care might have been somewhat reduced by transferring the boys to the Rome State Custodial Asylum and the girls to the Newark State Custodial Asylum when they passed the age of training, and the more expensive care could then have been given to the more promising children. The question of distribution of cases is discussed under No. 24, the Rosenkranz family.

The aid given in the form of public or private outdoor relief has not been great in the Corbin family. The unscrupulous begging of the Delamaters, No. 8 (p. 130), makes it impossible to estimate their cost. The Rosenkranz family adds to the yearly outlay of the State \$900 by their three inmates in the Syracuse institution and two at Rome. The maintenance of the Moore family, No. 20, costs \$800 a year as there are four children in Rome and one in Syracuse.

No. 6, Eva Corbin, Age 12 3-12, Mental Age VII 1-5.

Heredity: Father alcoholic, probably feeble-minded. Mother feeble-minded, alcoholic, immoral, from a low-grade family. Fraternity: Five feeble-minded brothers and sisters, four of whom are in State institutions. One sub-normal.

The Father: The father is probably a feeble-minded man. He works steadily, holds his position, and is able to earn fair wages. He is illiterate, unable to reason, and dull of intellect but kind and affectionate, and with a helpful wife might have passed as a good citizen. He is a steady drinker but does not lose his position on that account. His family appear to be low normals, but other cases of feeble-mindedness have not been found.

The Mother: She is from a feeble-minded family and is herself feeble-minded. She smokes and drinks with the men who come to the house in her husband's absence. At thirteen years of age she was married upon an acquaintance formed in hop picking, but both she and her mother insisted that she was sixteen. Relatives of the husband helped out for many years but one after another gave up as she had no desire to care well for her children. Relatives are indignant that the family was not permanently broken up in 1906, for they recognize that she is a custodial case who should never have married. The present generation is paying the price of the neglect of the past one and this generation can well afford the great cost of the care of her children rather than throw an increasing burden upon the next.

The Patient: Eva Corbin was born July 19, 1904, the fifth in line of birth of ten children. Her mother was about 25 years old at the time of Eva's birth. The feeble-minded and alcoholic mother was both unwilling to care for her family and incapable of doing so. Thus conditions in the family grew worse yearly until they came to a head in March, 1906, when the birth of triplets made it necessary to call in relief agencies. At that time the two-year-old Eva was found lying in a soap box, utterly neglected and undernourished, with a large sore on her ankle from constant

wearing of her shoes. She was sent to an orphan asylum where her mental deficiency was immediately noticed and after four years' residence there she was sent to the Rome State Custodial Asylum with the record that she was feeble-minded, was destructive, and would bite and scratch her playmates.

At present she is a tidy, quiet child, weak and undersized, with a head that is broad at the back and slants forward to form a narrow, pointed face. Her lips are thin and pale and hardly cover her teeth. Palate highly arched, tongue with enlarged papillae, ears large. Is very thin, evidently anaemic, and her arms are very hairy. She is not troublesome on the wards, but is too dull and weak to do any useful work and is growing more lifeless. There is no record of illnesses or spasms.

According to the Binet tests she has made some progress in the last four years, but her retardation has remained about the same.

Date of Examination	Age	Mental Age	Retardation
December, 1913	9 5-12	IV 3-5	5
October, 1914	10 3-12	VI 2-5	4
October, 1915	11 3-12	VI 3-5	5
October, 1916	12 3-12	VII 1-5	5

She is a feeble-minded child with a weak hold on life. Early neglect no doubt had its effect upon her health but the mental condition seems to be due to heredity, since other members of her fraternity are also feeble-minded.

Environment: The home conditions in the family were as bad as possible, but Eva has spent all of her life since she was a year and eight months old in institutions. It is a rural family that has drifted to a city environment. With good cooperation from his wife the father might have supported the family for he works regularly.

The Fraternity: There were four older children in the family when Eva was removed from the home. These were sent to an orphan asylum where it was immediately evident that they were feeble-minded, so after a year and a half

the two oldest boys were sent to Syracuse, four months later one of the girls was sent, and after three years the fourth girl followed. The triplets died in infancy. The commitment of the mother to the almshouse after the birth of these children was supposed to complete the separation of the family, but within a month her husband went after her, took her to a country district, and two more children were born. After a time they returned to the city. The younger children stayed with the parents until March, 1917, when they were removed by the court for improper guardianship, to an orphan asylum. Application has already been made for the admission of one of these to Syracuse, and the youngest who appears bright resembles her sister, Edna, at the same age so strongly that it is feared she will also prove to be feeble-minded.

The status of the ten children is as follows:

No.	Age	Mental age	Retardation	Traits	Present care
Albert.....	21 4/12	VII 4/5	4	Harmless, good-tempered, frail.	Custodial a t Syracuse.
Adrian.....	19 6/12	X 1/5	2	Amiable, nervous, judgment poor.	Custodial a t Syracuse.
Angelina.....	14 8/12	VIII 1/5	4	Pleasant, lazy; neat worker.	Training a t Syracuse.
Edna.....	13 11/12	IX 1/5	3	Affectionate, good disposition, frail.	Hospital, Syracuse institution.
Eva.....	12 3/12	VII 1/5	5	Quiet, unresponsive amiable.	Custodial a t Rome.
Mabel.....	Died in infancy.				
Mildred.....	Died in infancy.				
Marion.....	Died in infancy.				
John.....	8 11/12	IV 2/5	4 1/2	Amiable, silly.....	Orphan asylum.
Florence.....	5 4/12	IV 2/5	1	Amiable, affectionate, responsive.	Orphan asylum.

NOTE—Tests not given to all of the children in the same month.

This summary shows that all of the living children are feeble-minded with the exception of the five-year-old Florence. Her reactions to the tests and her surroundings would indicate a fair chance for normal development were it not for the statement of those who have known all of the children, that she is much like Edna who was just as bright at her age.

THE COMMUNITY MENACE OF FEEBLE-MINDED WOMEN

This group of family studies affords several illustrations of feeble-minded persons living useful lives without institutional

care, but almost without exception such mental defectives are receiving care and direction from some source, often from a kind employer. The majority of these useful mental defectives are males of the stable type. The crucial point with the benign moron is adequate protection and these studies show no case of a feeble-minded girl receiving adequate care from a feeble-minded mother. Too often the feeble-minded girl is brought up in the atmosphere created by a feeble-minded and probably immoral woman, and even the best intentioned moron usually fails as a mother.

The laws of New York State give little opportunity for protecting society from the fecundity of a married feeble-minded woman. Frequently before marriage some cause may be found for a eugenic program, but after marriage there seems to be no grounds for separating husband and wife if both are sane and free and wish to remain together even though the children they produce are bound to be social burdens, and they are unable to care for them. The laws of 1914 provide for court commitments of mental defectives "when it can be proved to the satisfaction of the court that the individual named is feeble-minded and it is for the best interest of the individual and the community that he be committed to a public institution for the feeble-minded." (See Appendix Section 3.) Many times, however, the feeble-minded mother is not injuring the community in any way except in the production of mentally defective children. The wording of the law seems to be broad enough to cover such a case but the interpretation of it has not reached this stage.

The rapidly growing understanding of the ways of the feeble-minded and the problems they present make the prospect hopeful that within the next decade the courts may find justification for committing to permanent custodial care mentally defective women who are a racial menace, even though they are married. At present it is difficult to present legal evidence for such a procedure in case of morons who are nearly self-supporting and in many cases it is neither necessary nor desirable. There is also a certain irony in committing an individual to a custodial institution and then having no facilities for safeguarding the person during the several months which may elapse before the institution can receive him.

The early work on psychological tests for mental deficiency were designed for use with children rather than with adults and as

yet methods for examining the latter for feeble-mindedness are in the experimental stage. It is only in the large cities that physicians who must sign the commitment papers have recourse to psychological laboratories. Before court commitments of high grade but socially detrimental morons to a custodial institution can be accomplished in a proportion of cases large enough to be effective, accommodations must be increased to receive them; the facilities for positive diagnosis must be greatly developed; the judiciary must have a better understanding of the subject and public opinion must be enlightened. Public opinion is perhaps the most important factor of all for upon it finally depends the increase of accommodations and the courts cannot make commitments greatly in advance of it. Untrained persons in discussing degenerate families such as are described in this report, have frequently expressed indignation that they have been allowed to increase undisturbed, an indication that the principles of eugenics are gradually being endorsed by the popular mind. When it is recalled that the Giannini trial in 1913 was the first in New York State which recognized mental deficiency other than insanity as a legal factor, it is not surprising that courts hesitate to render a weighty decision upon the evidence of mental examinations.

There could hardly be a clearer case of the social menace of a feeble-minded woman than is presented by the mothers of Mabel Delamater and Hiram Van Dusen.

No. 8, Mabel Delamater, Age 14 6-12, Mental Age VII 1-5.

Heredity: Mother feeble-minded, sexually immoral. Father unknown, child illegitimate. Five half-sibs feeble-minded, one an inmate of the Syracuse State Institution.

The Mother: Hattie Delamater is feeble-minded. On at least three occasions she has been found by the courts an improper guardian for her children, has been immoral, and repeatedly has been a public charge. Some of her children are feeble-minded as well as herself. Her social reactions justify the diagnosis of feeble-mindedness for she lacks judgment, is untruthful, unreliable, and unable to keep to an acceptable standard of living for any length of time, yet she is so shrewd and experienced that it has not been possible to present evidence that would justify separation from her

family. The result has been that the children have been removed but the parents allowed to remain at large and continue to bear children, who as they grow older are removed from the same improper conditions. While the children have profited by the change, the removal has simply relieved the parents of the care of them. She has had thirteen children by at least four different men, the first being her legal husband and the others common-law marriages or temporary alliances. At present she is living with a common-law husband to whom she is faithful as far as known but neither of them can furnish satisfactory evidence of divorces from legal marriages.

The first years of Hattie's married life were spent in a second-class city where they lived in wretched houses on the worst streets. Once the conditions became so bad that the Board of Health ordered the family cleaned up and the children were placed in an orphan asylum. After Delamater left her an interval followed when she lived with one man and another, but for the past eleven years she and her present husband, with those children who happened to be along, have been wandering, a few months in one place, a year or two in another, departing with bills unpaid for fresh fields. Considerable controversy has arisen as to their legal settlement for they have applied for public relief at each stopping place. At times unscrupulous poor law officials have supplied them with funds to enable them to move on, rather than give them continued aid. They have lived in tenant houses on farms or in abandoned buildings which kind but mistaken neighbors have made habitable for them. Their main line of march has been through the eastern central section of the State, although they have been to the western and southern borders. They are known to the charity organization societies of several large cities and to many local poor relief officers. On several occasions children have been removed so that at present only the 3-months-old baby remains with them. Hattie has not yet passed the child-bearing period.

The Children: The thirteen children of this woman have practically no social worth. The oldest has been lost to the

family since 1914 although they greatly desire to find her as she is a useful drudge. She is described, reliably, as a feeble-minded dwarf who did the housework in the family and took care of the younger children. She left them to go out to service and when her mother moved from that vicinity refused to go with her.

The next died in infancy.

Floyd, now 22, was released from jail in Montana in March, 1916, where he had served a sentence for horse-stealing. Correspondence in regard to him states that he is weak-minded. Before that he worked at odd jobs and was with a circus as a tumbler.

Walter, the next, is known to the police in several cities as a weak-minded but harmless loafer who frequently spends nights in jail for the sake of shelter. He begs from his relatives and does odd jobs. He is a low grade moron.

The next is a strong, lazy girl of 18 with a mentality of an VIII year level, an inmate of the Syracuse State Institution.

The father of the above children, Frank Delamater, was a pronounced alcoholic who left his wife to go off with a married woman. He has served a jail sentence and been arrested for disorderly conduct. Present whereabouts unknown.

The Patient: Mabel is the next in line of birth and the account given of her conception is that Hattie took a trip out of town, got stranded, and stayed for several weeks with a man who gave her shelter. When she came home she told her relatives of the occurrence, and Mabel was born in due time. Like the other children she was greatly neglected in infancy, and grew up undisciplined and saucy. At 10 years of age she was excluded from school where she had reached only the first grade, because of vicious habits and immoral tendencies. In addition she was in the habit of staying away from home for days with Italian families. She was admitted to the Rome State Custodial Asylum in 1912. She was there until October, 1915, when her mother persuaded the Board of Managers to allow her to come home. Imme-

diately a storm of protest arose from the neighbors that she was uncared for and in moral danger, and within a month she was returned to the institution by the local authorities. She is now an alert, demonstrative child of 14, under-sized and under-developed, who might pass upon casual observation as an ordinary child of 10 years. She is stubborn, saucy, and quarrelsome, and teaches the other children to masturbate. Tests show a mental level of VII years which she has maintained for the past three years, and indicate that she is a permanent custodial case.

Date of Examination	Age	Mental Age	Retardation
December, 1913	11 8-12	VI 1-5	5 1-2
October, 1914	12 6-12	VII	5
October, 1915	13 6-12	VI 4-5	5
October, 1916	14 6-12	VII 1-5	5

Mabel is not a full sister of any of the other children of Hattie.

The next child, whose father is unknown, died in infancy.

The next two children were by a harmless old man who knew very little. One of these is lost to her mother who says that the authorities took her away and placed her in an institution because she was staying with negroes. She does not appear in any of the records of institutions reporting to the State Board of Charities. The other child died in infancy.

The four youngest children belong to Hattie's present consort, a social parasite, a loafer well-versed in the methods of obtaining charity, who begs, pleading his love for his children as an excuse, and takes aid from his 70-year-old mother. These children are shrewd and cunning, of the gamin type. Mamie, at 8 years of age, tests less than VII, indicating some retardation. The reactions of the 5-year-old child indicate that she is a mentally defective child, her mental level being III 4-12 years. The other two children in the family are under 4 years and no diagnosis is ventured.

Other members of the mother's family are defective, but are respectable members of society. The only one of her sibs who has descendants married a Scotch girl and their young children appear normal, so that Hattie is the only one who is continuing a defective line.

Nothing more than the name of the father of the patient was obtained.

The relationship of the Delamater line was worked out. With one exception his fraternity is socially harmful. They have police records for stealing and disorderly conduct, and one was murdered by her colored paramour for whom she deserted her husband. Other members of the family have received poor relief.

No. 30, Hiram Van Dusen, Age 11 4-12, Mental Age VII 2-5.

Heredity: Father subnormal, ugly temper, immoral. Mother feeble-minded, immoral, tubercular. Mother's mother feeble-minded, alcoholic, syphilitic, aggressively immoral, in county almshouse. Mother's brother better than his sister, but married a feeble-minded, immoral woman. Died of tuberculosis. Father's half-brother alcoholic and arrested for non-support.

The Mother: The history of the mother of Hiram Van Dusen is a repetition of the old story of the feeble-minded girl brought up in the atmosphere created by her immoral, alcoholic, abusive mother, probably also a mental defective. Laura's first child was born when she was about eighteen; the family were moving and Laura climbed down from the moving van to an old roadside building to give birth to the baby. Then as there was nothing in which to wrap the infant the pet hen was dumped out of its burlap sack and the baby wrapped in it. Laura and the baby were taken to the county almshouse. At a court hearing it was found that Laura's conduct had been such that there was no possibility of placing the responsibility for the child. From that time until she married the father of Hiram she had four more illegitimate children by at least two other men. Only one of these children survived infancy and one was a pitiable cripple. While Laura was living with one of these men, Sam, who was feeble-minded and quite unable to defend his rights, other men would come to the house and put him out. They lived in many places within a radius of thirty miles of the almshouse, and in each place the family was a pest spot in the community, with alcoholics going there to sleep off their

debauches, and the women inviting the passers-by to come into the house. Laura finally married Van Dusen, had two children, and died of tuberculosis at thirty-five years of age.

The Father: Hiram's father is inferior physically, but appears to be of average intelligence, is honest in his business dealings and holds his positions for several years at a time. He has an ugly temper and drinks a good deal but not enough to interfere with his work. Nothing is known of his family further than that his half-brother is alcoholic, good-for-nothing, and does not support his immoral wife.

The Patient: Such is the inheritance of Hiram, who at 11 years of age is a fat, pudgy boy with a large mouth and short receding chin. Bridge of nose is low and broad, teeth irregular, tongue large and fissured. After his mother died when Hiram was 4 years old, his father lived for a time with Lydia, Laura's brother's wife. The care she gave the children was so poor that after one of them died the father put Hiram into the orphan asylum and paid his board. There he might have lived along uneventfully had it not been that he constantly soiled himself. He was sent to a hospital for observation where it was decided that this was not due to any physical cause, but to lack of mentality. He was therefore sent to the Rome State Custodial Asylum for observation, and has remained there since. He is a quiet boy with a good disposition. Since this is a deciding factor in the usefulness of boys of his mental level it is possible that he will develop into a laborer useful under direction. Mental examinations show that he is not making progress and will probably not advance far beyond the mental level which he has now attained.

Date of Examination	Age	Mental Age	Retardation
December, 1913	8 6-12	VI 1-5	2
October, 1914	9 4-12	VII	2
October, 1915	10 4-12	VII 1-5	3
October, 1916	11 4-12	VII 2-5	4

The Fraternity: The social worth of the children of a woman of the type of Laura is of interest. The baby of the roadside birth has grown to be a self-supporting, respectable

man. He was bound out to a good family when young, was given a chance to go to school, and is now employed on a railroad. The only other living child is a young woman of subnormal mentality who before her marriage was "wild," but is now married to a respectable man. Two other children died in infancy, and one, a crippled child, lived to be about five years old. She is described as having been obliged to walk with her hands upon her knees and as having an open sore on her shoulder which never healed. The only own brother of Hiram had a congenitally defective heart. When he was three years old he had a gathering in his head and died so suddenly that a coroner's inquest was held but no action taken.

Maternal Grandmother: Her mentality was little better than her daughter Laura's, and her morals were even worse. She is ending her life in the county almshouse. One leg has been amputated as the result of syphilis, and there are chronic sores on the other. The only brother of Laura who lived to grow up was better than his mother and sister, but he married a feeble-minded woman, Lydia, who had a reformatory record, and the mentality of their children is doubtfully normal.

SEX OFFENSE

Seven children in this group of thirty-two are illegitimate. In the tabulation of traits in the schedule of heredity the criterion for listing a person as sexually immoral has been the habitual conduct rather than a single lapse from the moral standard. For this reason not every mother of an illegitimate child has been marked "Sx." Thus the mother of No. 9, John Depoli (p. 15), although she had two illegitimate children, was the victim of circumstances rather than immoral. Thirteen of the mothers are sexually immoral.

It is much more difficult to get satisfactory information in regard to men and they have not been listed as sex offenders unless they have openly and flagrantly broken the moral law. Eleven of the fathers are considered sexually immoral and while the fathers of two of the illegitimate children are undescribed it is presumable that they should also be classified as immoral.

Sex offense appears less often among the sibs and half-sibs of the patients, but the majority of these are not yet adults.

Sex offense is a problem for the students of sociology, psychology, and heredity. There are some cases where it is due to the inherent make-up of the individual in which case it may be regarded as a deviation from the normal on the side of behavior and self-control. Three families in this list indicate the inheritance of traits that result in sex abnormality and sex offense. In the Miller family, No. 19, two children show strong sex tendencies although brought up without knowledge of their prostitute mother. Harold Curry, No. 7, has many traits in common with his immoral mother, and Harold Ransom, No. 22, is the offspring of a mating of two unstable and immoral parents. He also serves as an example of the complications an illegitimate child makes in a family. No. 17, George Major (p. 75), comes from a neuropathic family with a high degree of immorality and divorce.

No. 19, Charles Miller, Age 10 6-12, Mental Age VI 3-5.

Heredity: Father moderately alcoholic, criminalistic. Mother a sex offender, inmate of house of prostitution. Sister subnormal, immoral tendencies. Father's father alcoholic, shiftless, probably feeble-minded. Father's mother a sex offender, criminalistic, active, industrious. Mother's father decidedly alcoholic, shiftless, mentality undetermined. Mother's mother a sex offender, shiftless.

The Patient: Charlie has appeared in literature as a case of an abnormal child whose condition suggests sadism. The family history and the later developments of the child add something to the understanding of the case. The following account is taken from the first report on *The Fifty-two Border-line Cases in the Rome State Custodial Asylum*:

"The Rome application blank states that feeble-mindedness was first noticed about the time he walked. From that time he has had to be watched. He was sent to an orphan asylum and from there to a boarding home where the following report was made: 'He takes great delight in torturing animals or seeing anyone hurt, especially if there is any blood. He also wishes meat so rare that the blood runs. He

carries this so far that he will even prick himself for the sake of seeing blood. Of late he has shown a delight in fire, one morning getting up at five o'clock and setting fire under the bathtub. He bites and scratches, throws stones at old women and windows. When not engaged in some such violent amusement he sits quietly except for picking at his nails, and talks to no one but himself. He does not chatter with other people as children usually do and almost never smiles or laughs. The boarding mother states that of the two hundred children she and her mother have had he is by far the most difficult and she feels strongly that he is mentally affected. His impulses do not seem to be mischievous but always malicious or vicious. It takes one person all his time to look after him. He went to summer school for a week or two; there they reported him exceptionally bright, especially when working with his hands, but he made such a commotion in school and fought so with the other children that they were not able to keep him.'

"He was taken to a psychological clinic where this report was made: 'The child is undoubtedly defective, rather abnormal than subnormal, as he seems to have a peculiarly alert mind but actively unsocial. It is difficult to give a definite diagnosis of the case except as saying that he seems to have ethical anesthesia, with no adjustment to his surroundings and generally at war with the world. The child has had opportunity environmentally speaking and the fact that his reaction is just as violent when in excellent surroundings and with almost unlimited attention being paid to him seems to indicate that there is a defect in the child's make-up. Such a boy shows every tendency toward falling into the ranks of the criminally insane.'"

When he was admitted at 8 years of age he was a pretty, fair-haired boy with alert expression, high forehead, small well-formed mouth and dimples in his cheeks. On the wards he had no opportunity to torture animals or build fires and he did not differ especially from the other children except that he was exceptionally mean and quarrelsome, swore when the caretaker was out of hearing and was stubborn and sullen. The report in 1915 was the same, that he was mean to the

other children, stubborn, quarrelsome, and given to swearing; further, that he was always beaten in a fight. During the year of 1915 and 1916 there seems to have been some change in his disposition for neither teachers nor attendants mentioned meanness, and when asked especially about it denied that he was any harder to get along with than the average child on the ward. In kindergarten work he was one of the good boys of the class, ready and responsive, full of mischief on the wards, but a good worker and not saucy. It seemed then that this tendency to cruelty and lack of social adjustment was one phase of his mental development which he later outgrew.

According to the Binet tests his mental progress was extremely slow.

Date of Examination	Age	Mental Age	Retardation
January, 1913	6 9-12	IV 1-5	2 1-2
October, 1914	8 6-12	VI	2 1-2
October, 1915	9 6-12	VI 2-5	3
October, 1916	10 6-12	VI 3-5	4

Charles died of measles January 31, 1917.

The Sister: In the light of this history of Charlie, his sister is very interesting. Adele when seen was 11 8-12 years of age, a girl with a pleasant manner, with a strong desire for admiration, careful of her clothes, and eager to make a good impression. This she is able to do at first, but when given definite questions it takes her a long time to respond. From the time she came under the care of a charitable society she has been one of their most difficult cases to deal with on account of her habits. In the first home she had to be returned because she was corrupting the morals of the little daughter. She was tried in several free homes until the society felt that there was little chance of ever placing her in a permanent home. She shows every tendency of following in the footsteps of her mother who is a professional prostitute of the type who goes only with men who can buy her fine clothes and keep her in luxury. Adele has not been with her mother since she was eight years old and does not know of her mother's life, so that her habits have not been

formed from association. In 1915 a physical examination showed that Adele was in good physical conditions and seemed to be broken of her habit of masturbation, but she has continued her high sex interest. She has finally been returned to the orphan asylum as a hopeless case as far as placing out is concerned. She was in the 5-B grade in school and graded X 2-5 years. Estimate, a shallow, subnormal girl who in spite of good training seems likely to live a life of vice.

One other child in the family supposedly died in infancy. No record of the death was found, but the relatives know nothing of the child.

The Mother: As previously mentioned, the mother is a professional prostitute who consorts only with men who can pay her well. Her mother died when she was about 12 years of age and she was left with a drunken father. At 13 she was sent to a reformatory on complaint of her father as she was found in bad company with some boys. After being in the institution for a time she was placed out at service in a family, broke her parole and ran away. After two weeks' acquaintance she married the father of the patient, hastening the marriage so that she would not be recommitted to the institution. During her married life she spent much of her time going about with men. She and her husband quarreled and finally separated. The children were placed in the children's home and after a short time she surrendered all claim upon them. The latest account is that she is an inmate of a house of prostitution in another state.

The Father: He is an unskilled laborer, unreliable, and frequently moving. None of his family are very bright but he is not considered really weak-minded. He has always been moderately alcoholic and has been indicted for burglary in the first degree, was put on parole, which he broke, and is thought to be going under an assumed name in a village near his original home. As indicated in the summary of heredity both parents are from undesirable stock.

No. 7, Harold Curry, Age 19 8-12, Mental Age X 1-5.

Heredity: Mother immoral. Mother's mother and aunts immoral. Mother's husband insane.

The problems connected with Harold begin before he was born. The question, not only of his paternity but of his mother's paternity, and indeed of his grandmother's, is not settled, for he is from a line of dissolute women, whose deeds block the progress of civilization. Assuming that the mother's husband was Harold's father, the paternal inheritance is one of insanity.

The Mother: Carrie was born in the almshouse, brought up in an orphan asylum, and began to be immoral as soon as she went out to work. She drifted to a mill town and married a peculiar man who shortly developed insanity. She found that it teased him to tell him of her unfaithfulness over which he brooded and in a few months he had an excited outbreak which necessitated State Hospital care. He was back with Carrie the next year but left her soon after his return and Carrie went hop picking, when her behavior was scandalous. The husband's relatives are sure that it was then that the conception of Harold occurred. Carrie went to the almshouse for confinement, then returned to town with her baby whom she took with her to evil places and kept out in the cold late at night until he was removed from her. She then became so bold in her vice that she was forced by the police to leave town and has not been heard from since. There is no record of any other children. She is described as good looking, passably bright, but "wild" and hilarious in conduct, a good worker when she cared to be, well versed in methods of abortion, and chiefly concerned in having a good time.

The Patient: Harold was born in the same almshouse as his mother and reared in the orphan asylum where she spent her childhood. When he was thirteen years old he was placed on a farm but was returned after three months as the family would not put up with constant nocturnal enuresis, and further they found that he attempted to entice little girls off with him, was irresponsible, disobedient, and untrustworthy. As a child he was rather good-looking and sentimental, and his vanity and fondness for pretty things made it appear that he was an unusual child endowed with

some taste who should have special advantages, and discredited the idea that he might be mentally defective. A child specialist and a nerve specialist both pronounced him abnormal and one suggested that the influence of a vigorous man might encourage more masculine qualities in him. It was finally decided to send him to Rome for observation in 1911. Here he was found to be brighter than the average patient and was tried at various kinds of work. For a time he was in the printing shop where his ability to read and write was useful. On the telephone switchboard he made many mistakes and would not take advice. In handwork he had some ability. He was neat but vain and would buy powder and paint for his face. He was discharged from the institution in October, 1915, to work on a farm, but was unsatisfactory as he was disagreeable, stubborn, untruthful, and undesirable on account of enuresis. After two months he left the farm, came back to the institution to live, and worked in town at running an elevator. While in the institution he substituted on the telephone switchboard, became acquainted with one of the brighter female inmates, and found opportunity to be alone with her. Both went out on parole soon after and letters passed between them. In March, 1916, Harold came back to the institution because of incipient tuberculosis, was later sent out as cured, returned again in June for enlarged glands, and again went out. In due time the girl mentioned above gave birth to a baby which soon died, and she places the responsibility for the child upon Harold.

Mental examinations for the last three years show uniform grading and give evidence that he is a moron.

Date of Examination	Age	Mental Age	Retardation
June, 1913	17 4-12	X 2-5	1 1-2
October, 1914	18 8-12	X 2-5	1 1-2
October, 1915	19 8-12	X 1-5	1 1-2

With this grade of intelligence he should be able to get along as well as many other mental defectives who are working out, but he is so talkative, disagreeable, and unreliable that he is undesirable to have in a family even as a farm

helper. He is given \$10.00 per month and maintenance. The cost of the feeble-minded has been discussed in a preceding section. Another aspect is here presented. It is evident that Harold is not self-supporting for in spite of his discharges from the institution he has come back for medical treatment. He states he might just as well go to the county hospital, thus he is in attitude a pauper, and maintains himself only under the most favorable circumstances. Further, the sexual history of the boy's family and the strong sexual tendencies he himself has shown, together with enough virility to make him attractive to some types of women, show the danger that he may continue a line known to be bad.

Family History: Investigation showed that Harold's grandmother is recognized in the community as mentally defective as well as immoral. She married soon after the birth of Carrie, but tiring of her husband she left him to go with another man and "tore up her marriage certificate so she hain't got no claim on him any more." Later she lived with a third man, then went back to her legal husband. She has a bad temper and begs occasionally. Carrie was her only child.

A sister of this woman is a positive moral menace to the boys in the village where she lives. She cannot tell time nor make change, and is feeble-minded.

One brother is a decent man, brought up away from the other members of the family, and married to a normal woman, but one of his sons is feeble-minded.

A half-sister of Harold's grandmother is a hare-lipped imbecile, an inmate of the county almshouse from childhood, but nevertheless crazy about men and the mother of an illegitimate child.

If Carrie's husband was the father of Harold, his paternal inheritance is superior to his maternal inheritance. This man's sisters are not very keen or bright, but are good respectable women. The man's father was abusive and had two attacks of insanity. His mother was nervous and died at 43 years of age of apoplexy. Cousins are said to be of more than average ability. The whereabouts of the man is not known,

but as he has not been heard from since 1900 it is conjectured that he is in a hospital for the insane in another state, or dead.

No. 22, Harold Ransom, Age 10 9-12, Mental Age V 3-5.

Heredity: Father alcoholic, immoral, high-tempered. Mother of normal mentality, neurotic. Father's family, no information. Mother's family connected with a large degenerate family with two cousins in institutions for mental defectives. Fraternity: Three half-sisters and one half-brother believed to be normal.

Harold Ransom, in addition to presenting a picture of an unstable mental defective, has a curious family history which shows that some field work can be undertaken only with extreme caution, or, as in this case, should be abandoned before it goes very far.

The Mother: Harold is the child of Edna, a nervous, unstable woman of apparently normal mentality. She is, to be sure, connected with a large family whose name is associated with feeble-mindedness, shiftlessness and vice, but she is from one of the better lines and her children illustrate the point often made that mental defectives may be eliminated by union with normal strains. Her first husband was a man of normal mentality from a good family. He was said to be a nervous but not a drinking man. The three children which Edna had by him are of normal mentality. Her husband then died, but a year later she had another child, Harold. The father of this child was a high-tempered man, alcoholic and much given to running with women. Edna states that he would have married her, but she did not like him well enough. She lived with her father until Harold was born, but as he refused to harbor this child he was put in an orphan asylum when he was about six weeks old and since that time she has made no effort to see him. Later she married a respectable man and has one bright little girl by him. Edna is sure that her present husband knows nothing of this affair and she fears that it would break up their family relations should it become known. While she is much given to running to the neighbors, she is leading a respectable life and

managing a good home. Rather than run the risk of reviving the story by calls upon the relatives it seemed better to leave the family history incomplete and abandon the plan of giving the Binet test to the other children.

The Patient: Harold was born January 31, 1906. As in the case of her other children the mother was in a highly nervous state before he was born. It was a hard but natural birth and Harold seemed like a normal baby. From his admission to the orphan asylum when six weeks old until his admission to the Rome State Custodial Asylum at six years of age there is no record beyond dates of admission and discharge, and no caretaker was found who had more than indefinite impressions. There is a report that he was tried in a home where the family found him attractive and lovable, but so restless that they could not get along with him. No record of this was found at the orphan asylum.

He was sent to Rome as an observation case but was allowed to stay on as it seemed a proper commitment. The record upon admission stated that he was mischievous, showed very slow development, and was unable to concentrate upon anything any length of time. He has been an attractive child but is rapidly losing his charm as he grows older. He has clear skin, very blue eyes, a high narrow forehead and a nose broad at the base. The corners of his mouth are sore from drooling and he is a mouth breather. His second teeth are already beginning to decay. He is bright enough to do errands about the wards and has a fairly good disposition, but is so distractible that his kindergarten work is a failure. He is eager to attract attention, is very untruthful, and a tattler.

Mental examinations show a slight progress but increasing retardation as time goes on. In 1916 he raised his basal year from IV to V but had forgotten the names of the colors which he previously knew.

Date of Examination	Age	Mental Age	Retardation
January, 1913	7	IV 2-5	2 1-2
October, 1914	8 9-12	V 1-5	3 1-2
October, 1915	9 9-12	IV 4-5	5
October, 1916	10 9-12	V 3-5	5

Thus he is a marked mental defective who may remain in the imbecile class. His heredity is neuropathic rather than typically feeble-minded and the origin of his feeble-mindedness has some points in common with the case of Richard Lawrence where the unstable types are discussed.

THE BIRTH RATE AND INFANT MORTALITY

The study of this group of families throws some light upon the subject of the birth rate and infant mortality rate in the families of feeble-minded mothers. There are 22 such mothers with a total of 146 children, or a birth rate of 6.6 children to each mother. (See Schedule 6.) Of these 35 died in infancy, making a death rate of 24 per cent. An average of 5 children for each mother survived. While in New York city during the decade from 1896-1905 the infant mortality rate was 153 per thousand births, or 15.3 for each hundred, the children of these 22 mothers from small cities or rural communities died at the rate of 24 per hundred.

Several factors enter into this high death rate. The feeble-minded, in general, lack physical as well as mental vigor, hence the children are born with a lack of resistance to infection and disease. Then, the families with feeble-minded mothers usually live in poverty and under bad sanitary conditions, for the intelligent mothers cope more successfully with sanitary disadvantages. But the most potent factor of all is the unintelligent care which feeble-minded mothers give their children. It is evident that when the best efforts of public health work have been made there will remain a residuum of families with a high death rate as long as feeble-minded parents produce physically unfit children and give them improper care. Intelligent care of the feeble-minded will contribute to the reduction of infant mortality as well as to the improvement of the quality of the babies born. No. 18, Harriet Marvin, shows the conditions which may actually exist in a family.

SCHEDULE 6
TABLE SHOWING INFANT MORTALITY IN CHILDREN OF
FEEBLE-MINDED MOTHERS

CASE	Whole sibs including patient	Half-sibs by same mother	Died in infancy	Total number of children
Bags	1			1
Baker	3	2		5
Britton	7	3	1	10
Burke	1			1
Cleves	9		2	9
Corbin	10		3	10
Delamater	1	12	3	13
Hale	3	3	1	6
Hammond	9	2	2	11
Higgins	4			4
Ingalls	8			8
Marvin	15	1	8	10
Moore	8		2	8
Newgate	4			4
Rosenkrans	9		4	9
Sammons	6		1	6
Sheldon	4		1	4
Shepherd	1			1
Taylor	4	1	1	5
Van Dusen	2	5	4	7
Van Ormund	7		2	7
Wagner	1			1
Total	117	29	35	146

No. 18, Harriet Marvin, Age 18 9-12, Mental age VII 2-5.

Heredity: Father low normal, moderate user of alcohol. Mother feeble-minded, immoral. Three sibs feeble-minded, two low normals, two too young for diagnosis. Seven died in infancy with convulsions. One maternal cousin epileptic, former inmate of Craig Colony. Immoral tendencies in maternal aunts.

The Environment: The family lived in a poor company cottage belonging to the brickyard plant, but a broad river in front and open fields at the back provided an abundance of fresh air. With good management the family income would have provided comfortably for the needs of the family. Thus poverty and overcrowding, two great factors in infant mortality, are eliminated in this family. The three main causes here were: (1) The poor care given by the mother, (2) The infantile convulsions to which the children are subject, and (3) The probable physical exhaustion of the mother due to the short birth intervals. The appended outline shows that fifteen children were born in 19 years, with birth inter-

vals of only from ten to fifteen months between many of them.

The Father: He is a brawny laboring man, normal in intelligence, above the average of the brickyard laborers, industrious, and honest. He drinks moderately. The only criticism which his associates make of him is that he allowed his wife to abuse Harriet, the subject, and that he had so many children. His sisters are provident and industrious. A brother died as a result of excesses when comparatively young. His father was an ordinary laboring man who died at 71 years of age. During the last year his mind was affected.

The Mother: She is a large, vigorous woman with broad hips. She has peculiar weak eyes and a large cystic goitre. When young she was regarded as a joke by her associates, was loud-voiced, quick to make a retort, happy-go-lucky, crazy-headed, a leader in fun and mischief, and careless of consequences. When about 15 she went into domestic service and soon after had an illegitimate child which died. When about 21 she married Marvin. She works hard at her housework, but never has her work done. She is peculiar, a recluse, shiftless to a marked degree, and a poor manager. In the community the condition of the family is considered hopeless and hence no social effort has been expended upon it. Other members of the mother's family have been of normal intelligence, but the general statement is that all of the girls have had children too soon after marriage, and one of them is a professional prostitute. A sister of the mother, immoral before marriage, and very neurotic, married a man whose uncle was epileptic and of her four children one is epileptic and has been an inmate of the Craig Colony for Epileptics. A brother of the mother was blind and died of tuberculosis.

The Patient: Harriet Marvin, the third child in the family, was born January 2, 1898, and has been an inmate of the Rome State Custodial Asylum since May 18, 1911. She is undersized, has stiff, black hair, dark skin, asymmetrical face, low forehead, and an extremely low jaw. Teeth are irregular, overlapping, and poor. Her expression is dull and she is often sullen. The mother reports that it was a

natural birth; she was bottle-fed, had infantile convulsions, and did not walk or talk until she was 7 years old. Her mother hated this child from birth, systematically neglected her, kept her out of sight and beat her when she screamed, until complaints from the neighbors resulted in her commitment to Rome. No reason for this dislike is known and the suspicion that she might be illegitimate is groundless as she strongly resembles two others of the family.

In the institution she has been a stubborn, unresponsive girl, but during the last year has made some progress with sewing and as a waitress. Her responses to the Binet tests are typical of the feeble-minded and her grading for the past three years has been identical. Each time she has failed to draw the diamond, and beyond the VII year group has succeeded only with comparisons and naming the days of the week, and the months.

Date of Examination	Age	Mental Age	Retardation
December, 1913	15 11-12	VI 3-5	5 1-2
October, 1914	16 9-12	VII 2-5	4 1-2
October, 1915	17 9-12	VII 2-5	4 1-2
October, 1916	18 9-12	VII 2-5	4 1-2

Early neglect and lack of training have robbed this child of mental stimulus, but no conjecture is made as to how far she might have advanced in better surroundings. Her training is still progressing but her mental growth has stopped.

The Fraternity: Harriet is the most defective mentally of her fraternity but none can be considered higher than a low normal. The oldest sister is neat and industrious, finished the sixth grade in school and did average work in a small factory, but in the summer of 1916 she gave birth to an illegitimate child. Neither she nor her mother were greatly disturbed by this occurrence although she has not been an habitually immoral girl. She is considered a low normal.

The next girl is a low normal doing acceptable work in the factory. She is distressed over conditions at home.

Harriet is the third.

The fourth, a girl, died at a month and a half of convulsions and inflammation of the bowels.

The fifth, a boy died at two and a half months of dysentery and convulsions.

The sixth, Fred, is now 15 years of age, physically inferior, a constant smoker, and unable to keep a job. He was in the sixth grade in school in which his highest term mark was 70. He left school at 15. His mother lost the records of the births of her children and insists that he was 16. From his appearance, his school records, and poor work he is considered a moron.

The seventh, a boy, died at six days of convulsions and tetanus.

The eighth, a girl, died at 2 years and 4 months of marasmus and convulsions. The mother states that her spine was affected and she could not sit up.

The ninth, Bob, at 11 5-12 years of age grades VII 4-5 mentally and is in the 2-B grade in school. He smokes and is lazy but is said to have some mechanical ability. He is a feeble-minded boy for whom custodial care would be desirable.

The tenth, a boy, died at 2 1-2 years of marasmus and convulsions.

The eleventh, Joe, is a bold troublesome boy at 9 3-12 years who grades VII 1-5 years mentally. He is repeating the 1-B grade in school. He smokes and swears and as he receives no training at home the indications are that he will become a more serious social problem than the other boys.

The twelfth, a boy, died at 9 months of convulsions.

The thirteenth, who died at 5 months of gastro-enteritis, also had convulsions.

The fourteenth, Mae, is a shy child of 4 years, not unpromising in appearance, too bashful to make the Binet tests a success.

The fifteenth, Florence, at 2 years of age does not talk and appears dull. She has had convulsions during the summer which the attending physician considers may be due to improper feeding.

Thus of the fifteen children seven have died in infancy and the ones who have survived add little to the community strength.

They appear in tabular form as follows:

No.	Sex	BIRTH INTERVALS			AGE AT DEATH			CAUSE OF DEATH		Mental status	Remarks
		Yrs.	Mos.	Days	Yrs.	Mos.	Days	Primary	Secondary		
1	F									Low normal...	Mother 21½ years old, had previous illegitimate child, father 30
2	F	1	6	16						Low normal	
3	F	1	1	16						Low moron	Infantile convulsions, early neglect
4	F	1	4	29		1	13	Inflammation of bowels	Convulsions		
5	M		10	29		2	20	Dysentery	Convulsions		Undertaker's record, death record not found.
6	M		11	4						Probably moron	Physically inferior
7	M	1	6	16			6	Convulsions	Tetanus		
8	F		11	3	2	4	11	Marasmus	Convulsions		Something the matter with spine
9	M	1	3	16						Moron	A custodial case
10	M	1	3	18	2	6	5	Marasmus	Convulsion		
11	M	1	3	10						Probably moron	Troublesome.
12	M	1	2	21		9	23	Convulsions			
13	M	1	3	24		5	5	Gastro-enteritis.	Convulsions		
14	F	1	11	21						Too young for diagnosis.	
15	F	2	7	15						Too young for diagnosis.	One miscarriage between these two births.

THE FEEBLE-MINDED AS WAGE EARNERS

It has been pointed out in this report that many stable morons are self-sustaining for a large part of their lives without help from outside sources, e. g., No. 12, Higgins (p. 70). For these the almshouse offers a warm retreat in time of sickness and old age. When the moron lives decently and particularly when he is not transmitting the defect to a succeeding generation there is no reasonable ground for interference.

A midway position between custodial care and complete non-interference is that of a parole system, by which the mental defective goes out to work under supervision. For a small group of selected cases such a system gives protection and humane care without prohibitive cost. It is believed that a good farm home under supervision is one of the best ways of caring for stable well-disposed morons of sufficient intelligence to be useful to an employer. The study of mentally defective persons both inside

and outside of institutions demonstrates repeatedly that it is the social qualities of industry and cooperation which determine the economic success or failure of the moron rather than the degree of intelligence above the VII year mental level. No. 32, Philip Wagner, with a mental level of VII 3-5 years has been satisfactorily located in a farm home for more than two years. In the competition of a large city the moron with a VII year mentality has little chance to succeed. No. 23, Louis Rosenblum, is an example of how it worked out in one case. No. 15, Meyer Levi, illustrates the point that a moron with bad social reactions is doomed to economic failure even under favorable circumstances. The unstable moron is not a subject for such treatment. See the case of No. 31, David Van Ormund (p. 78).

No. 32, Philip Wagner, Age 14 5-12, Mental Age VII 3-5.

Heredity: Mother feeble-minded. Supposed father illiterate, subnormal, and alcoholic. Mother's mother, sister, and aunt insane; a brother a low-grade imbecile; all inmates of a State Hospital. Philip illegitimate. Two half-sibs normal.

The Patient: Philip was born April 14, 1902, the illegitimate child of a feeble-minded girl, from insane stock. The prenatal care seems to have been satisfactory. Soon after his birth she surrendered him to the superintendent of the poor who placed him in the care of an ignorant boarding mother until he was two years old. She says that he was a lovely, healthy baby although he was slow in learning to talk and had fits of temper and stubbornness when she could not control him. At two years he was given a free home on a farm. At the age of ten he had not advanced beyond the first grade in school and had very undesirable traits. The report made at the time was that he was forgetful, destructive and cruel; at times would run wild and not come home for meals. Once he cut up his pet pigeon to feed to a stray dog. But it was his passion for fire that made his foster-parents feel that they could not keep him any longer, for several times he nearly set the barn on fire. The Syracuse State Institution also refused to accept him on account of his fire mania, but admission was secured for him at the Rome State Custodial Asylum in April, 1910.

At the institution he proved to be obedient and a willing worker, but stole whenever he had a chance. After three years at Rome when he had shown that he was an amiable willing boy he was allowed to go out to work for a farmer with whom he has remained. Philip is useful enough so that he is worth \$10 per month, from which are furnished his clothes and spending money. He does chores and errands and simple work about the farm. No doubt an important factor in his success is that both the farmer and his wife were former employees at the institution and hence understand what may and what may not be expected from such a boy. While he is discharged from the institution he is still under its protection to some degree as the family report regularly to the superintendent and Philip has a shelter to turn to in case of trouble.

He is now a tall, slender boy of fourteen with a childish expression and voice. Aside from irregular teeth, small eyes and a receding chin there are no physical peculiarities. His mental rating has been stationary since 12 years of age.

Date of Examination	Age	Mental Age	Retardation
June, 1913	11 1-12	VIII	3
October, 1914	12 5-12	VII 2-5	4 1-2
October, 1915	13 5-12	VII 3-5	4 1-2
October, 1916	14 5-12	VII 3-5	4 1-2

At the time he was sent to Rome he needed institutional care, and in time of special stress he will need to seek shelter in the custodial asylum or the almshouse. At present he is filling a need.

Heredity: The family history of Philip accounts for his feeble-mindedness. Four members of the mother's family, her mother, sister, brother and maternal aunt are inmates of a State hospital for the insane, while her father and two brothers are reported normal. Members of the mother's family who have not positive mental defect appear to be normal mentally but of a social class below the average of the community.

The mother, Ida, is dead so that the estimate of her mental status must be made from descriptions. Although Philip

was illegitimate Ida was not considered an immoral girl, but rather one who had been deceived for she was expecting to marry the father of her child when he married another girl. She passed as normal among her associates but descriptions of her indicate she was probably a high grade moron, weak-willed and lacking in judgment. The supposed father is illiterate and a poor manager but the energy and management of his wife has enabled him to pass as an average citizen. His wife has always assisted in supporting the family. The two children are normal. At the time he was going with Ida he was drinking badly, but now drinks less. His father also was alcoholic. Investigation of the families of the fathers of illegitimate children presents special difficulties, the first being the uncertainty that it is the correct family to investigate, and another the undesirability of recalling past scandal. Little more than the net work of the names was secured in this case, but among the cousins of the reputed father the girls are stenographers and the men work on railroads.

No. 23, Louis Rosenblum, Age 20 3-12, Mental Age VII 1-5.

Heredity: Mother reported normal. Father normal mentality, tubercular. Two sisters normal.

A rural environment with good supervision is recommended for morons of stable and amiable disposition. Louis Rosenblum illustrates the difficulty that the moron with a seven-year mentality has in the competition of a large city.

The Patient: Louis is a Jewish boy who from the time of his mother's death when he was 7 years old until he was 16 was in an orphan asylum. From there he was transferred to Randall's Island and on February 9, 1912, he was sent to the Rome State Custodial Asylum where he remained until September, 1914. By this time he was 18 years old and had not been outside an institution since he was 7 years old. His father who had not seen him for two years felt that he might improve outside the institution and for that reason requested that he be allowed to return home. He took Louis to board with him. The first difficulty came from the landlady who threatened to give them notice to leave because Louis was

uncleanly at night. The father obtained work for Louis in the shop where he is employed as a tinsmith, but Louis could not get along either with the work or with his associates. The boys teased him, smeared paint on his face and made him ridiculous. After five weeks the shop "laid him off" and never sent for him to return. Various relatives tried without success to find work for him and Louis had nothing to do but to stray about the streets. Four months after he left Rome his father wrote to the superintendent begging that he be readmitted. The Department of Public Charities sent him to the Custodial Asylum at Randall's Island instead, and from there he returned to Rome in May, 1916.

In the institution he ranks with the boys who are able to do simple work around the wards and for the families in town. He is amiable, easily excited, and sometimes has to be coaxed to work. In appearance he is a typical street gamin with dark, muddy skin, pointed face and a sly grin, forehead narrow, nose with bulbous extremity and deviated to the right, thick lips, high narrow palate, and strong even teeth.

Mental examinations show no progress since he was 16 years of age.

Date of Examination	Age	Mental Age	Retardation
June, 1913	16 11-12	VIII 1-5	4
October, 1915	19 3-12	VII 3-5	4 1-2
October, 1916	20 3-12	VII 1-5	5

The Family History: Louis is the second child in the family. The oldest is a bright girl who finished the grades at 14 1-2 years of age. The child next younger than Louis died of measles at 2 1-2 years and the youngest is a normal child who tests XI 3-5 years mentally at 12 11-12 years of age. The mother died in childbirth and no description was obtained except from the father who states that she was a bright woman and was always in good health. The father now has tuberculosis. He is a normal and respectable man who does the best he can with his handicap of poor health. Cousins of the father are persons of education and refinement, some of whom have college degrees.

Heredity: The cause of the mental deficiency in Louis is not clear. The heredity as far as can be ascertained is clear of feeble-mindedness and insanity. The only significant fact is the tuberculosis of the father. Louis was a seven-months' baby, was weak and poorly nourished at birth, did not walk until 3 years of age, nor talk until the age of 3 1-2. The condition seems to be a congenital one, but the nature of the inheritance is not clear. As a child he was "wild" and mischievous, restless, continually climbing about and hard to control.

No. 15, Meyer Levi, Age 17, Mental Age XII.

Heredity: Mother normal. Father normal. Mother's family reported normal. Father's family reported normal. Sibs: One brother in the army, one child died in infancy. All are normal and two show superior intelligence.

The Patient: Meyer Levi, a well developed boy of Jewish parentage, is the most intelligent of the cases under consideration, with a mental level of XII years as measured by the Binet tests, a fondness for reading, and considerable shrewdness. Yet outside the institution he is less able to get along than some of the others of this group of more limited mental ability. Meyer's laziness, meanness, unwillingness to cooperate and to do what he knows he should, account for this.

He is now 17 years old, with thick lips, large projecting ears, white regular teeth, and some facial asymmetry. His eyes are brown, large and expressive. A scar runs from the upper part of his left cheek through the temple to the parietal eminence. He has been given the Binet test repeatedly for demonstration and always grades XII years. His good understanding of language and his ready use of words gives him an advantage with these tests.

Meyer was the third in line of birth which was normal; his mother was 24 years of age at the time. During the pregnancy his mother received a severe fright from fire. When he was only a week old she noticed that he was different from the other children, for instead of being quiet and sleeping much of the time he was alert and restless. He was a

beautiful baby and his alertness made him appear so bright that he was frequently noticed on the street. He was a "little terror," was everywhere and handled everything. When he was four years old an injury from being struck by an automobile necessitated stitches being taken on his forehead. His mother feels that this injury, added to his instability, completed the ruin of his mind. From that time until now he has been a constant source of worry. He was given good medical attention both in New York and London without benefit. He was in and out of one institution for the feeble-minded four times in four years and each time his uncleanness was the chief reason for his return for he was too lazy to go to the toilet. He was transferred to the Rome State Custodial Asylum February 9, 1912. It was found there that he would rather read than do anything else, always had his shirt full of books and would attempt to read while at work. He was tried on parole in a farm home but was returned almost immediately as "not competent to do the work, especially if left alone."

In June, 1915, his father took him home to work in his tailor shop. In October of that year his father was greatly encouraged and said that Meyer was doing better than he had hoped, was able to do errands and some pressing. This hopefulness did not last. In April, 1917, his mother reported that he was uneasy and discontented and thought he would like to work on a farm but was just as lazy and stubborn as ever. He still persisted in reading most of the time or dreaming over his work so that he had ruined many garments in the tailor shop by scorching them. His impudence and disobedience at home was an especial problem on account of the younger children. He had no friends for the boys would have nothing to do with him except to tease him. When volunteers for the army were called for Meyer was eager to enlist but was repeatedly rejected until he finally ran away to a distant city to try again. The parents had to call upon the police to locate him. Meyer is violently opposed to going back to the institution and his parents do not know what plan to make for him.

The Parents: They are intelligent Jewish people who have given Meyer good care and have drawn heavily upon their resources to give him medical attention. In order to be near him they left a well-established business and moved to a city near the institution. It is believed that their statements that they know of no mental deficiency, insanity, or epilepsy in the families of either of them were made in good faith. Aside from the accident in infancy which occurred after he had shown signs of abnormality, no cause for his mental deviation is assigned by them.

The summary of the fraternity of Meyer presents quite a different aspect from that of the majority of the cases for here are some children above the average in mental ability:

NAME	Age	Mental age	School grade	Characteristics	Estimate
Brother.....	21	.....	Finished, VIII.	Strong, in U. S. Army as a private.	Believed normal.
Brother died in infancy.					
Meyer.....	17	XII.....	IV.....	Mean, lazy, stubborn, will not attend to work.	Moron.
Sister.....	15	.....	VII.....	Normal, pleasant, self-supporting.	Normal.
Brother.....	12 9/12	X I V 8/12 Stanford revision.	VII-B...	Undersized, frail; ambitious, good student.	Superior intel- ligence.
Brother.....	11 3/12	X 7/12 Stan- ford revision.	V-B.....	Good student.....	Normal.
Sister.....	9 1/12	X 8/12.....	III-A....	Good student.....	Superior intelli- gence.
Sister.....	5	V 4/5.....	.....	Bright, active, affectionate, bashful.	Normal.

THE PSYCHOMETRIC EXAMINATIONS

The psychometric examinations made for this report were carried on in October of the years 1914, 1915 and 1916. Each child was seen at these yearly intervals except when some unavoidable hindrance occurred. The 1911 American Revision of the Binet Scale was used in the beginning and, for the sake of uniformity, it was continued throughout (unless otherwise noted) although the State Board of Charities has since adopted the Stanford Revision as the one best suited to its purpose. The first mental examinations were made by the staff of the Rome State Custodial Asylum, the results of which are included in this report although the details are lacking.

Mental tests were given to the brothers and sisters of the patients whenever possible. It was comparatively easy to accomplish this in those families who had been persuaded to cooperate and whose children were of school age, but in most cases no attempt was made to apply the Binet Scale to adult, self-supporting individuals since it seemed too great an imposition upon their patience. In the case of No. 22, Harold Ransom (p. 144), the existence of the defective child was not known by the mother's present husband or by the neighbors. There it was felt that the secret of the mother should be respected and mental examinations of the brothers and sisters were omitted to avoid comment. The extent to which mental examinations were made is shown in Schedule 7. One hundred one of the two hundred members of the fraternities were examined. Of the remaining ninety-nine four had died in infancy and ten were still infants. Six had to be listed as unknown. The others were distributed among the classes, mental ability estimated, adult normal, and adult defective.

The form of the Binet blank used for scoring is given below. Schedule 8 gives the scoring for each child for each year as far as the Bureau has records. The retardation is computed roughly in years and half-years, subtracting from the age of twelve. Intelligence quotients were not worked out as they are regarded as doubtful value when based upon the 1911 American Revision.

SCHEDULE 7
EXTENT OF PSYCHOMETRIC EXAMINATIONS

CASE	Whole sibs including patient	Half- sibs	Tested	Mental ability esti- mated	Died infancy	Adult normal	Adult de- fective	In- fants	Un- known	Total
Baggs.....	1		1							1
Baker.....	3	5	1	3				2	2	8
Britton.....	7	3	6		1		2		1	10
Burke.....	1		1				1			9
Clerke.....	9		5		2	1				9
Cortis.....	10		7		3					10
Curry.....	1		1							1
Dolanmaster.....	1	12	4	2	3		1	2	1	13
Depoli.....	2	3	4		1					5
Hale.....	3	3	3	1	1			1		6
Hammond.....	9	3	6	1	2	1		1	1	12
Higgins.....	4		4							4
Ingalls.....	8		7					1		8
Kent.....	3	3	1		2		sub.			8
Levi.....	8		5		1	2				8
Lawrence.....	3	1	2		1			1		4
Major.....	6		1	1	1	3				6
Marvin.....	15	1	2	1	8	2		2		16
Miller.....	3		2		1					3
Moore.....	8		5	1	2					8
Newgate.....	4		4							4
Ransom.....	1	4	1	3		1				5
Rosenberg.....	4		2		1	1				4
Rosenkrans.....	9		4		4	1				9
Sammone.....	6		4		1		sub.			6
Sheldon.....	4		2	1	1					4
Shepherd.....	1		1							1
Shores.....	5	1	8	1	1				1	6
Taylor.....	4	1	4		1					5
Van Dusen.....	2	5	1	1	4	1				7
Van Ormund.....	7		5		2					7
Wagner.....	1	2	1	2						3
Totals.....	183	47	301	18	44	15	6	10	6	289

A scrutiny of Schedule 8 indicates the following points:

1. A slight variation in grading may occur from year to year when there is no actual mental progress.

2. No progress need be expected after a child has passed the age of 15 years, and a slight falling back may be expected when formal training ceases.

3. Typically feeble-minded children progress with a degree of evenness comparable to the normal child, but proceed more slowly, and the most defective ones reach their highest level younger than the normal child.

4. The unstable mental defective "scatters" through the Binet Scale showing an unevenness in development. (Note especially No. 17, George Major, No. 19, Charles Miller, No. 21, Abram Newgate, and No. 31, David Van Ormund, in contrast to No. 20, the Moore children and No. 14, Thomas Kent.)

The yearly psychometric examinations of young abnormal or deficient children is useful to indicate the characteristics and rate of mental growth of such children. For children whose mental status is in doubt such a procedure is essential to the scientific understanding of the case, since in that way the progress from year to year can be determined. It is hoped that a large body of similar data will be built up eventually by other workers.

STATE OF NEW YORK — STATE BOARD OF CHARITIES
DEPARTMENT OF STATE AND ALIEN POOR — BUREAU OF ANALYSIS AND
INVESTIGATION

Name	Residence
III	
1 Points to nose, eyes, mouth, ear, foot.	
2 Repeats: "It rains. I am hungry."	
3 Repeats 7 2.	
4 Sees in pictures 1.	
2.	
3.	
4.	
5.	
6.	
5 Knows name.	
IV	
1 Knows sex.	
2 Names key, knife, penny.	
3 Repeats 7 4 8.	
4 Compares lines.	
V	
1 Compares 3 and 12 grams; 6 and 15 grams.	
2 Copies square.	
3 Repeats: "His name is John. He is a very good boy."	
4 Counts 4 pennies.	
5 "Patience."	
VI	
1 Distinguishes between morning and afternoon.	
2 Defines fork, table, chair,	horse, mamma.
3 Executes three simultaneous commands.	
4 Shows right hand. Left ear.	
5 Aesthetic comparison 1 & 2. 3 & 4. 5 & 6.	
VII	
1 Counts 13 pennies.	
2 Describes pictures.	
3 Sees picture lacks eyes, nose, mouth, arms.	
4 Copies diamond.	
5 Recognizes red, blue, green, yellow. (6")	
VIII	
1 Compares from memory: Butterfly and bee.	Stone and glass. Paper and cardboard.
2 Counts backward 20—1. (2")	
3 Repeats days: M. T. W. T. F. S. S. (10")	
4 Gives value of stamps. 111222. (10")	
5 Repeats 4 7 3 9 5.	

Examined	Born	Mental	Age
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IX

- 1 Makes change 20c.—4c.
- 2 Definitions (VI. 2).
- 3 Gives date.
- 4 Months. J. F. M. A. M. J. J. A. S. O. N. D. (15')
- 5 Arrange weights. 1. 2. 3. (2 correct. 1 min. each.)

X

- 1 1c., 5c., 10c., 25c., 50c., \$1, \$2, \$5.
- 2 Copies design.
- 3 Repeats: 8 5 4 7 2 6. 2 7 4 6 8 1. 9 4 1 7 3 8.
- 4 Questions of comprehension. (20"). (Must answer 3 out of 5, 2d series.)
 Introductory. Second series.
 1. Missed train. 1. What ought you to do if you are afraid you are going to be late to school?
 2. Struck by playmate. 2. What ought you to do before deciding an important matter?
 3. Broken something. 3. Forgive easier.
 4. Asked opinion. 4. Asked opinion.
 5. Action vs. words. 5. Action vs. words.
- 5 Sentence: Alhany, money, river. (May be compound. 1')

XI

- 1 Sees absurdity. (2')
 - a. Unfortunate cyclist. d. R. R. accident.
 - b. Three brothers. e. Suicide.
 - c. Body cut into 18 pieces.
- 2 Uses three words in sentence. (Must be complex or simple.)
- 3 Gives sixty words in three minutes.
- 4 Rhymes day, spring, mill. (1' each. Use *door* as example.)
- 5 Dissected sentences. (2 out of 3 correct. 1' each.)

XII

- 1 Repeats: 2 9 6 4 3 7 5. 9 2 8 5 1 6 4. 1 6 9 5 8 4 7. (1 out of 3 correct.)
- 2 Defines: Charity.
Justice.
Goodness.
- 3 Repeats: "I saw in the street a pretty little dog. He had curly brown hair, short legs, and a long tail." (Allow one mistake and one transposition.)
- 4 Resists suggestion. (Lines.) 1. 2. 3. 4. 5. 6.
- 5 Problems. (a) Hanging from limb. (b) Neighbor's visitors.

XV

- 1 Interprets pictures.
- 2 Changes clock hands. (a) Twenty minutes past six. (b) Four minutes of three.
- 3 Code. "Come quickly."
- 4 Opposites.

1. good.	6. loud.	11. like.	16. empty.
2. outside.	7. white.	12. rich.	17. war.
3. quick.	8. light.	13. sick.	18. many.
4. tall.	9. happy.	14. glad.	19. above.
5. big.	10. false.	15. thin.	20. friend.

ADULT

- 1 Cutting paper (draw).
- 2 Reversed triangle (draw).
- 3 Give differences of abstract words.
- 4 Differences between a president of a republic and a king.
- 5 Give sense of a selection read.

[illegible]

26. Harry Sheldon:																							
IV	1	2	3	4	5	V	1	2	3	4	5	VII	1	2	3	4	5	VIII	1	2	3	4	5
1913.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	8	8/12	IV	3/5 2		
1914.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	8	V		1/5 3		
1915.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	9	VI		3		
1916.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	10	VI		1/5 4		
27. Fred Sheppard:																							
VIII	1	2	3	4	5	IX	1	2	3	4	5	XI	1	2	3	4	5	XII	1	2	3	4	5
1913.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	11	5/12	VII	3/5 3		
1914.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	12	3/12	VIII	4/5 4		
1915.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	13	3/12	IX	2/5 5		
28. Frederick Shore:																							
IV	1	2	3	4	5	V	1	2	3	4	5	VII	1	2	3	4	5	VIII	1	2	3	4	5
1913.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	9	3/12	IV	3/5 5		
1914.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	10	2/12	VI		4	
1915.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	11	1/12	VI	4/5 4		
29. Howard Taylor:																							
IV	1	2	3	4	5	V	1	2	3	4	5	VII	1	2	3	4	5	VIII	1	2	3	4	5
1913.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	6	6/12	IV	2/5 2		
1914.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	7	4/12	VI		1	
1915.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	8	4/12	VII		1	
1916.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	9	3/12	VII	3/5 1	1/2	
1917.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	10	4/12	VIII		2	
30. Hiram Van Dusen:																							
VI	1	2	3	4	5	VII	1	2	3	4	5	IX	1	2	3	4	5	X	1	2	3	4	5
1913.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	8	6/12	VI	1/5 2		
1914.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	9	4/12	VII		2	
1915.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	10	4/12	VII	1/5 3		
1916.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	11	4/12	VII	2/5 4		
31. David Van Ormand:																							
VI	1	2	3	4	5	VII	1	2	3	4	5	IX	1	2	3	4	5	X	1	2	3	4	5
1913.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	12	6/12	VIII		4	
1914.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	13	4/12	VIII		4	
1915.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	14	4/12	VIII		4	
1916.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	15	4/12	VII	2/5 4	1/2	
32. Philip Wagner:																							
VII	1	2	3	4	5	VIII	1	2	3	4	5	X	1	2	3	4	5						
1913.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	11	1/12	VIII		3	
1914.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	12	3/12	VII	2/5 4	1/2	
1915.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	13	5/12	VII	3/5 4	1/2	
1916.	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	14	5/12	VII	3/5 4	1/2	

THE FRATERNITIES OF THE CHILDREN

The contention has been made with some seriousness that the cutting off of lines producing mental defect carries the possibility of ending lines which might have produced genius. The study of the brothers and sisters of these patients shows that this is not likely to be the case.

Of the 200 members of the fraternities of these patients, 44 died in infancy, 10 are still infants, and 6 are unknown as to mentality. This leaves 140 about whose mental ability definite knowledge has been obtained. Of these 75, or 53.6 per cent. are feeble-minded and an additional 16, or 11.4 per cent are subnormal or border-line cases. Only 3 of the entire number are above the average in intelligence, and 46 are of normal intelligence. The descriptions of the individual cases indicate that many of those of normal intelligence are of doubtful social worth.

The individuals fall into the following classification:

Died in infancy.....	44
Infants.	10
Mental ability unknown.....	6
Mental ability known.	140
<hr/>	
Total.	200

The classification of the 140 known individuals is given below:

Feeble-minded.	75, or 53.6%
Subnormal.	16, or 11.4%
Normal.	46, or 32.9%
Superior.	3, or 2.1%
<hr/>	
Total.	140 100%

From time to time in this report comparisons of the different members of the fraternities have appeared. Schedule 9 gives the age, mental age, and mental ability as far as it could be ascertained, of each of these persons. The members are given in order of birth, but the ages are those at the time of the examination or visit and do not always show the exact difference in ages.

Those fraternities having feeble-minded mothers are marked by the asterisk.

These show that there may be considerable variation in the mental ability of the several children in a family, but that the children of feeble-minded mothers are almost uniformly mentally defective.

The study of the whole group of cases shows that mental deficiency is a deep and vital factor in many of the problems which adversely affect the public welfare. Adequate State direction and control of the feeble-minded through custodial institutions, colonies and parole systems would add much to the strength of the commonwealth.

SCHEDULE 9

RESULTS OF PSYCHOMETRIC EXAMINATIONS OF THE PATIENTS AND
THEIR FRATERNITIES

CASE	Fraternity	Age at examina- tion or visit	Mental age	Mental ability
No. 1, Gladys Baggs*.....	Patient.....	10 5/12	VII	Feeble-minded.
No. 2, Edward Baker*.....	Half-sister.....	18	VIII (estimated)	Feeble-minded.
	Half-sister.....	14	X (estimated)	Feeble-minded.
	Half-sister.....			Unknown.
	Patient.....	7 1/12	VII 1/5	Border-line.
	Sister.....	6		Normal.
	Half-brother.....			Unknown.
	Half-brother.....			Infant.
	Half-sister.....			Infant.
No. 3, John Britton*.....	Half-brother.....			Died in infancy.
	Half-sister.....			Feeble-minded.
	Half-brother.....	24		Feeble-minded.
	Patient.....	19 5/12	VII 2/5	Feeble-minded.
	Brother.....	17	VIII 3/5	Feeble-minded.
	Brother.....	15 11/12	IX 3/5	Feeble-minded.
	Brother.....	14	IX 3/5	Feeble-minded.
	Brother.....	12	IX	Feeble-minded.
	Brother.....	11		Unknown.
	Brother.....	9 7/12	V 4/5	Feeble-minded.
No. 4, Charles Burke*.....	Patient.....	6 10/12	III 2/5	Feeble-minded.
No. 5, Helen Cleves*.....	Brother.....	20		Feeble-minded.
	Patient.....	17 7/12	X 2/5	Feeble-minded.
	Sister.....	16		Normal.
	Sister.....	13 5/12	IX 4/5	Feeble-minded.
	Brother.....	9 6/12	VII 2/5	Feeble-minded.
	Brother.....			Died in infancy.
	Brother.....			Died in infancy.
	Sister.....	4 10/12	IV 2/5	Normal.
No. 6, Eva Corbin*.....	Brother.....	3 6/12	Less than III	Feeble-minded.
	Brother.....	21 4/12	VII 4/5	Feeble-minded.
	Brother.....	19 6/12	X 1/5	Feeble-minded.
	Sister.....	14 8/12	VIII 1/5	Feeble-minded.
	Sister.....	13 11/12	IX 1/5	Feeble-minded.
	Patient.....	12 3/12	VII 1/5	Feeble-minded.
	Sister.....			Died in infancy.
	Sister.....			Died in infancy.
	Sister.....			Died in infancy.
	Brother.....	8 11/12	IV 2/5	Feeble-minded.
No. 7, Harold Curry*.....	Sister.....	5 4/12	IV 2/5	Subnormal.
No. 8, Mabel Delamater*.....	Patient.....	19 8/12	X 1/5	Feeble-minded.
	Half-sister.....	25		Feeble-minded.
	Half-sister.....			Died in infancy.
	Half-brother.....	23	IX (estimated)	Feeble-minded.
	Half-brother.....	21	VIII (estimated)	Feeble-minded.
	Half-sister.....	19	VIII 1/5	Feeble-minded.
	Half-brother.....			Died in infancy.
	Patient.....	14 6/12	VII 1/5	Feeble-minded.
	Half-sister.....			Died in infancy.
	Half-brother.....			Died in infancy.
	Half-sister.....	8	VI 3/5	Normal.
	Half-sister.....	5 5/12	III 3/5	Feeble-minded.
	Half-brother.....	3		Infant.
	Half-brother.....			Infant.
No. 9, John Depoli.....	Patient.....	12 9/12	VIII 2/5	Feeble-minded.
	Brother.....	11 8/12	IX 2/5	Normal.
	Half-brother.....			Died in infancy.
	Half-brother.....	6 3/12	V 4/5	Normal.
	Half-sister.....	5	IV 1/5	Normal.
No. 10, John Hale*.....	Brother.....	11 6/12	IX 2/5	Normal.
	Patient.....	10 10/12	VII 3/5	Feeble-minded.
	Brother.....			Died in infancy.
	Brother.....	7 9/12	IX 1/5	Superior.
	Half-brother.....	3 6/12	Less than III	Feeble-minded.
No. 11, Harold Hammond*..	Half-sister.....			Infant.
	Half-sister.....			Unknown.
	Half-sister.....	18	XII (estimated)	Subnormal.
	Half-sister.....	16		Normal.
	Sister.....	14 4/12	VII 2/5	Feeble-minded.

* Mother feeble-minded.

**SCHEDULE 9 — RESULTS OF PSYCHOMETRIC EXAMINATIONS OF THE
PATIENTS AND THEIR FRATERNITIES — (Continued)**

CASE	Fraternity	Age at examina- tion or visit	Mental age	Mental ability
No. 11, Harold Hammond* (Concluded)	Brother			Died in infancy.
	Patient	9 6/12	IX	Normal (?)
	Sister			Died in infancy.
	Brother	6	VI 2/5	Normal.
	Brother	6 4/12	IV	Subnormal.
	Sister	5	IV 4/5	Normal.
No. 12, Matthew Higgins*	Sister	3 9/12	VI 3/5	Normal.
	Brother			Infant.
	Brother	19 10/12	XI	Subnormal.
	Brother	17	X	Feeble-minded.
	Patient	15 6/12	VII 2/5	Feeble-minded.
	Brother	13	XII	Normal.
No. 13, Ralph Ingalls*	Sister	15	X 2/5	Feeble-minded.
	Brother	14 5/12	VIII 4/5	Feeble-minded.
	Brother	12	VIII 4/5	Feeble-minded.
	Patient	10	V 3/5	Feeble-minded.
	Sister, } twins	10	VIII	Subnormal.
	Sister	7 9/12	VII 1/5	Normal.
No. 14, Thomas Kent	Sister	5	VI	Normal.
	Half-brother	25		Infant.
	Half-brother	24		Normal.
	Half-brother	20		Normal.
	Patient	13 9/12	VI 4/5	Subnormal.
	Brother			Feeble-minded.
No. 15, Meyer Levi	Brother } twins			Died in infancy.
	Brother	21		Died in infancy.
	Patient	17		Normal.
	Sister	15	XII	Died in infancy.
	Brother	12 9/12	XIV 8/12 (Stan- ford Rev.)	Feeble-minded.
	Brother	11 3/12	X 7/12 (Stan- ford Rev.)	Normal.
No. 16, Richard Lawrence	Sister	9 1/12	X 8/12 (Stan- ford Rev.)	Normal.
	Sister	5	V 4/5	Normal.
	Brother	14	II	Feeble-minded.
	Sister			Died in infancy.
	Patient	13 2/12	IX 3/5	Feeble-minded.
	Half-brother			Infant.
No. 17, George Major	Sister			Died in infancy.
	Brother	24		Normal.
	Brother	23		Normal.
	Sister	21		Normal.
	Patient	18 9/12	IX 4/5	Feeble-minded.
	Brother	17	XI (estimated)	Subnormal.
No. 18, Harriet Marvin*	Half?			Died in infancy.
	Sister	21		Low normal.
	Sister	19		Low normal.
	Patient	18 9/12	VII 2/5	Feeble-minded.
	Sister			Died in infancy.
	Brother			Died in infancy.
No. 19, Charles Miller	Brother	15		Feeble-minded.
	Sister			Died in infancy.
	Brother	11 11/12	VII 4/5	Feeble-minded.
	Brother	9 3/12	VII 1/5	Died in infancy.
	Brother			Died in infancy.
	Brother			Died in infancy.
No. 20, Moore children*	Sister	4		Infant.
	Sister	2		Infant.
	Patient	11 8/12	X 2/5	Died in infancy.
	Sister	10 6/12	VI 3/5	Subnormal.
	Sister	16 5/12	VIII	Feeble-minded.
	Sister	11	V 4/5	Feeble-minded.
No. 20, Moore children*	Patient	11	VII	Feeble-minded.
	Patient	9	VII 2/5	Feeble-minded.
	Patient	7	IV 4/5	Feeble-minded.

* Mother feeble-minded.

**SCHEDULE 9 — RESULTS OF PSYCHOMETRIC EXAMINATIONS OF THE
PATIENTS AND THEIR FRATERNITIES — (Concluded)**

CASE	Fraternity	Age at examina- tion or visit	Mental age	Mental ability
No. 20, Moore children* — (Concluded)	Brother .....	.....	.....	Died in infancy.
	Sister .....	.....	.....	Unknown.
	(?) .....	.....	.....	Died in infancy.
No. 21, Abram Newgate*	Sister	12 11/12	X	Subnormal.
	Sister	8 1/12	VII 4/5	Normal.
	Patient	6 5/12	V 1/5	Border-line.
	Brother	4 3/12	IV 1/5	Normal.
No. 22, Harold Ransom	Half-brother	16	.....	Normal.
	Half-sister	14	.....	Normal.
	Half-sister	13	.....	Normal.
	Patient	10 9/12	V 3/5	Feeble-minded.
	Half-sister	7	.....	Normal.
No. 23, Louis Rosenblum	Sister	23	.....	Normal.
	Patient	20 3/12	VII 1/5	Feeble-minded.
	Sister	12 11/12	XI 3/5	Died in infancy.
No. 24, Elliott Rosenkrans*	Brother	24 2/12	VII 4/5	Normal.
	Sister	21	.....	Feeble-minded.
	Brother	18 10/12	VIII	Normal.
	Sister	17 10/12	VII 2/5	Feeble-minded.
	Patient	14 5/12	VII 1/5	Feeble-minded.
	Brother .....	.....	.....	Feeble-minded.
	Brother .....	.....	.....	Died in infancy.
	Sister .....	.....	.....	Died in infancy.
	Sister .....	.....	.....	Died in infancy.
No. 25, Edward Sammons*	Sister	16 3/12	.....	Subnormal.
	Brother	13	XI 4/5	Normal.
	Brother	10 5/12	IX	Normal.
	Brother	8 3/12	IX 1/5	Normal.
	Patient	7 2/12	VI	Feeble-minded.
	Brother .....	.....	.....	Died in infancy.
No. 26, Harry Sheldon*	Sister	11	VI 2/5	Feeble-minded.
	Patient	10	VI 1/5	Feeble-minded.
	Sister	5	.....	Died in infancy.
No. 27, Fred Shepherd*	Patient	13 3/12	IX 2/5	Normal.
No. 28, Frederick Shores	Half-sister	20	.....	Feeble-minded.
	Brother	14	.....	Feeble-minded.
	Patient	11 1/12	VI 4/5	Feeble-minded.
	Brother	6 9/12	IV 4/5	Died in infancy.
	Sister	5 9/12	III 3/5	Feeble-minded.
	Sister	10 8/12	IX	Feeble-minded.
No. 29, Howard Taylor*	Brother	9 3/12	VII 3/5	Subnormal.
	Patient	7 3/12	VI 2/5	Border-line.
	Brother .....	.....	.....	Feeble-minded.
	Brother .....	.....	.....	Died in infancy.
No. 30, Hiram Van Dusen*	Half-brother	3 8/12	IV	Normal.
	Half-brother	24	.....	Normal.
	Half-sister	22	.....	Subnormal.
	Half-sister .....	.....	.....	Died in infancy.
	Half-sister .....	.....	.....	Died in infancy.
	Half-sister .....	.....	.....	Died in infancy.
	Patient	11 4/12	VII 2/5	Feeble-minded.
No. 31, David Van Ormund*	Brother .....	.....	.....	Died in infancy.
	Sister	14	XI	Feeble-minded.
	Sister	15 4/12	VII 2/5	Died in infancy.
	Patient .....	.....	.....	Feeble-minded.
	Sister	13 1/12	X	Died in infancy.
	Sister	11 9/12	VIII 1/5	Subnormal.
	Brother	10 7/12	VIII 4/5	Feeble-minded.
No. 32, Philip Wagner*	Patient	14 5/12	VII 3/5	Normal.
	Half-sister	13	.....	Feeble-minded.
	Half-brother	11	.....	Normal.

* Mother feeble-minded.

APPENDIX

SECTION 1

RELATION OF THE CASES OF THOSE IN THE REPORT ON THE FIFTY-TWO BORDER-LINE CASES IN THE ROME STATE CUSTODIAL ASYLUM

Present Study

1. Gladys Baggs
2. Edward Baker
3. John Britton
4. Charles Burke
5. Helen Cleves
6. Eva Corbin
7. Harold Curry
8. Mabel Delamater
9. John Depoli
10. John Hale
11. Harold Hammond
12. Matthew Higgins
13. Ralph Ingalls
14. Thomas Kent
15. Meyer Levi
16. Richard Lawrence
17. George Major
18. Harriet Marvin
19. Charles Miller
20. The Moore family
21. Abram Newgate
22. Harold Ransom
23. Louis Rosenblum
24. Elliott Rosenkranz
25. Edward Sammons
26. Harry Sheldon
27. Fred Shepherd
28. Frederick Shores

Fifty-two Border-Line Cases

23. Gladys B.
4. Edward G. B.
41. John B.
26. Charles B.
51. Helen C.
28. Eva C.
25. Harold C.
40. Mabel D.
13. John D.
8. John H.
3. Harold H.
32. Matthew H.
29. Ralph I.
34. Thomas K.
15. Meyer L.
11. Richard L.
37. George M.
39. Harriet M.
12. Charles M.
7. Luella M.
14. Herman M.
15. Stillman M.
21. Abraham N.
16. Harold R.
48. Louis R.
44. Elliott R.
5. Edward S.
21. Harry S.
24. Fred S.
47. Frederick S.

Present Study

- 29. Howard Taylor
- 30. Hiram Van Dusen
- 31. David Van Ormund
- 32. Philip Wagner

Fifty-two Border-Line Cases

- 6. Howard T.
- 10. Hiram V.
- 46. David V.
- 35. Philip W.

The arrangement in the present report is strictly alphabetical, while the arrangement in the report of the Fifty-two Border-Line Cases was upon the basis of the mental retardation in 1913. Fictitious surnames have been added whose initials correspond to the initials of the latter.

APPENDIX

SECTION 2

CAUSES FOR COMMITMENT AND DEPENDENCY OF CHILDREN COMMITTED TO ORPHAN ASYLUMS AND HOMES FOR CHILDREN DURING THE YEAR ENDING JUNE 30, 1917, AS SHOWN BY RECORDS OF ADMISSION FILED WITH THE STATE BOARD OF CHARITIES

TABLE A — CHILDREN BOTH OF WHOSE PARENTS ARE LIVING

CONDITIONS RELATIVE TO THE MOTHER											
Deersted or dis-appeared	Intem-perate, immoral, shift-les, im-prisoned	Proper guardianship lacking	Parents separated (mother does not have custody of child) or no cause for non-support stated	Sick, crippled, insane, feeble-minded or otherwise physically or mentally incapable	At work or seeking work	Out of work, insufficient earnings, large family	Not free to work as wage-earner	Indefinitely stated as "destitution," "unable to support," "no means"	Child sick or in need of special care	Child delinquent, ungovernable, disorderly, truant or vagrant	Total number of children
105	47	12	.....	223	169	126	6	170	2	.....	866
28	144	16	1	174	50	37	3	56	1	.....	510
.....	5	985	2	27	1	.....	.....	.....	.....	.....	1,020
.....	6	.....	24	14	23	1	.....	2	.....	.....	70
7	7	5	.....	223	67	54	17	74	2	.....	456
231	109	1	14	689	7	.....	.....	2	.....	.....	1,053
10	5	.....	.....	270	8	3	5	7	2	.....	310
4	4	.....	2	28	7	3	.....	235	165	.....	283
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	165
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1,153	1,153
385	327	1,019	43	1,654	332	224	31	546	172	1,153	5,896
Total number of children.....											

NOTE — All numbers in the above table refer to children — thus 105 in first column and first line indicates 105 children deersted by both fathers and mothers, and 28 in first column and second line indicates 28 children deersted by the mothers and having intemperate, immoral, shiftless or imprisoned fathers.

CAUSES FOR COMMITMENT AND DEPENDENCY OF CHILDREN COMMITTED TO ORPHAN ASYLUMS AND HOMES FOR CHILDREN DURING THE YEAR ENDING JUNE 30, 1917, AS SHOWN BY RECORDS OF ADMISSION FILED WITH THE STATE BOARD OF CHARITIES
TABLE B — HALF ORPHAN, ORPHAN, FOUNDLING AND ILLEGITIMATE CHILDREN AND THOSE WHOSE CIVIL CONDITION IS UNKNOWN

CONDITIONS RELATIVE TO LIVING PARENT															
	Deserted or disappeared	Intemperate, immoral, shiftless, in-prisoned	Improper guardian or lack of proper or sufficient guardianship	Insane	Feeble-minded or "incompetent"	Sick, crippled or otherwise physically incapacitated	At work, seeking work, unable to give proper home care	Home broken up	Not free to work as wage earner	Out of work, small earnings, large family	Indefinitely stated, not stated	Dependency due to civil condition of child	Child sick or in need of special care	Child delinquent, ungovernable, truant or disorderly	Total
Half orphan.	98	98	259	19	14	96	544	14	16	171	70	70	7	251	1,622
Father living.	24	94	176		37	319	128	11		131	194		22	312	1,483
Mother living.															
Sex of living parent not stated.			8												8
Orphan.													3	58	315
Foundling or illegitimate.	17	16	7	8	14	24	16			1		254	6	2	1,171
Nothing known about parents.			204								2	1,060	4		210
Totals.	139	208	654	27	65	439	688	25	16	303	266	1,314	42	623	4,809

NOTE.— The numbers in the above table refer to children — thus, 98 in first column and first line indicate 98 half orphan children deserted by fathers, 98 in second column and first line indicates 98 half orphan children having intemperate, immoral, shiftless or imprisoned fathers.

APPENDIX

SECTION 3

FORM OF COMMITMENT OF FEEBLE-MINDED PERSONS BY JUDICIAL
PROCEEDINGS IN COURTS OF RECORD

Chapter 361, Laws of 1914, amends the State Charities Law, chapter 55 of the Consolidated Laws by adding a new section, to be section 461, to read as follows:

Commitments of feeble-minded. It shall be the duty of a judge of a court of record, on application of a parent, guardian, friend or relative, or of any poor law official, or of any probation or parole officer, or of any superintendent or principal of schools, to set a date for a hearing for the determination of the mental status of any alleged feeble-minded person. Due notice shall be given to parties at interest as to the hearing, the date thereof, and full opportunity shall be given for a presentation of evidence concerning the mental status of the alleged feeble-minded person. When it shall appear to the satisfaction of the court that the individual named in the application is feeble-minded and that it is for the best interests of the individual and of the community that he be committed to a public institution for the feeble-minded, the judge may commit such feeble-minded person to such institution, using such form of commitment as shall be prescribed by the State Board of Charities, and such person shall be detained therein until duly discharged by direction of the board of managers thereof.

Every application for commitment shall be accompanied by the certificate of two medical practitioners, certifying that the person to whom the application relates has been examined by each of them as to his mental capacity and that in their opinion the person is feeble-minded.

STATE OF NEW YORK
STATE BOARD OF CHARITIES
DIVISION OF MENTAL DEFECT AND DELINQUENCY



THE BUREAU OF ANALYSIS AND INVESTIGATION

The Causes of Dependency
Based on
A Survey of Oneida County
CHESTER LEE CARLISLE, M. D., Director

EUGENICS AND SOCIAL WELFARE BULLETIN
No. XV

THE CAPITOL, ALBANY, NEW YORK

1918

TABLE OF CONTENTS

	PAGE
Chapter I. The Place	5
II. " The Great Pass "	7
III. The People	14
IV. Industrial Development	27
V. The Public Institutions	40
VI. The Purpose and Scope of the Survey	49
VII. Children in the Public Schools	59
VIII. Children in Institutions	102
IX. The Delinquent Child	173
X. The Mental Defective, Institution Cases	191
XI. Mental Defectives in the Community	344
XII. Dependency Due to Epilepsy	358
XIII. Dependency and Insanity	378
XIV. Crime	396
XV. Dependency and Acquired Disease	422
XVI. Dependency and Physical Handicap	430
XVII. Dependency and Economic Failure. The Poor	434
XVIII. Conclusions. Seeking the Ultimate Causes of Dependency	442

CHAPTER I

ONEIDA COUNTY SURVEY

The Place

Oneida County has many times been spoken of as the keystone of that arch of broad, fertile, wealthy counties spanning the entire breadth of the Empire State. One foot of this arch rests on the waters of Lake Erie, Niagara Falls and the Niagara river in the west, and the other foot reaches down through the thriving valley of the Hudson to rest on New York Bay and Long Island Sound.

The county lies within the valley of the Mohawk river whose waters thread the chasms of the most important pass in the great eastern divide. For centuries the bed of this picturesque river with its rolling valley hillsides has been celebrated in song and chronicle as the "Great Pass" of the eastern states. Within the borders of this county arise streams whose waters finally mingle with those of St. Lawrence, the Gulf of Mexico, Chesapeake Bay, and the Atlantic Ocean. The principle streams are the Mohawk river, the Black river and Wood and Oneida creeks. On the western boundary lies Oneida Lake, while within the boundaries are found White Lake, Long Lake, Round Lake and Big Pond. As one approaches the upper boundary lines of the county there appear the shadowy aisles of the great "North Woods."

The superficial area of the county is stated to be 1,215 square miles, 777,600 acres. It is comparable in area to the state of Rhode Island. The county is divided into twenty-six towns. It contains two cities of importance and a considerable number of incorporated villages.

The broad central valley of the Mohawk extending through the county has always been of the utmost importance in directing the growth and activities of the community as a whole. This great valley extending from west-northwest to east-southeast across the county is bordered by high table-lands both toward the north and toward the south, which are cut by numerous streams. These table-lands rising to an elevation varying from 800 to 1,300 feet above the central valley, reach their highest point at Penn Mount which has an altitude of 1,727 feet above sea level.

The Mohawk river itself is only 427 feet above tidewater at Albany and therefore flows through the lowest pass in the main Appalachian mountain system.

The numerous streams of the county, each with its own smaller valley, water fertile and highly cultivated fields. The soil of the central valley is rather sandy, mixed with gravelly loam and alluvium. In the southern section there is more clay, mixed with sand and gravel. Oneida County has been considered as one of the best agricultural and dairy counties in the State of New York. Quarries have been developed and building stone in considerable variety produced. The grass-growing valleys were the feeding-places of herds of cattle of considerable size in the earlier days but with the advent of "western beef" the meat-raising industry tended to lose its hold on the community. The county lies within what is commonly known as the snow belt of the State, and during the winters the ground is always well covered with snow, often indeed to the extent of interfering with traffic on the highways and railroads. Generally speaking, the climate is quite typical of that which we think should belong to the "temperate zone." The heat of summer in the well-watered valleys produces an ideal combination for the agricultural interests; while the rigors of quite classical winters seem to afford that stimulus which in all countries has tended to bring out the best in the human population which has to strive against it. The heavy timber with which the land was covered in colonial days has been largely cleared out and practically the whole acreage of the county is under cultivation.

The general character of the terrain of this county is on the whole typical of the geological formation of New York State. The swiftly flowing streams with their verdant valleys and the upper highlands fringed with timber crests present a geographical picture which we always seem to associate with our ideas concerning the natural resources of the Empire State.

CHAPTER II

"THE GREAT PASS"

Just as in the study of the individual it is essential to develop a comprehensive grasp of the significance to him of the traditions of his home and the influence of family love, of crystal and mahogany, of loom or paternal acres; by the same token it is of value to study the historical-environmental influences which touch the community as a whole and in which is to be found the story of its rise as a civic unit through the slow amalgamation of many social factors. The ultimate blending of all the various extraneous influences determines the sociologic value of that community as a progressive, civic asset of the commonwealth.

Oneida County was originally part of the vast unknown wilderness west of the settlement at Albany. Its boundaries have been set and re-set since Revolutionary days until now we find it is bounded on the north by Lewis and Oswego counties, on the south by Otsego and Madison, on the east by Herkimer, and on the west by Madison and Oswego counties. The latitude and longitude of the two principal cities is: Utica, latitude $43^{\circ} 06'$ north, longitude $1^{\circ} 41'$ east from Washington; Rome, latitude $43^{\circ} 15'$ north, longitude $1^{\circ} 30'$ east from Washington.

The valley of the Mohawk river is peculiar on account of its geological structure and development. The county lies upon the dividing ridge of highlands which runs through the State of New York in a northeast and southwest direction. This ridge separates the waters which flow into the St. Lawrence river, the Mississippi, the Susquehanna, the Delaware, and the Hudson. The "Great Pass" formerly the Mohawk valley has always been a most important highway from the earliest recorded Indian days. It formed a natural strategic base and highway for military operations. So admirably adapted was it to such plans that the history of the Mohawk has been written in Indian and white men's blood, as whole races and nationalities of both the red and white tramped and bivouacked, ambushed and fought within gunshot of the majestic river. It was the great trail between the Hudson river and the Great Lakes. First from the East and Lake

Champlain and the river of Hudson we see passing over it those early explorers in helm and breastplate, while prowling savages come and go. Later we see the red-coated officers of England passing westward and framing treaties with the Indians for the protection of the land grants and the English Crown. The white, and blue and white uniforms of the King of France appear from the north. The screams of the massacre at Schenectady startle the denizens of the long valley. We hear the sounds of revelry in the trading posts; see the red of the leaping hearth-fires built from the seemingly inexhaustible forests stretching for unknown leagues from the log house door. A Jesuit missionary goes by, again a Calvinist, a Dutch trader, the military messenger. Always the groove of the shuttle of commerce and barter, of giving and taking, of teaching and learning, of fighting, of loving and building a nation. The Great Pass, the gateway between the East and West. In the West unnumbered Indian foes; in the East but pushing westward, the face of the America to be.

In 1650 the Indian population of the district now comprising northern New York was computed at 25,000 individuals. Of this number 10,000 were Senecas, 3,000 Cayugas, 4,000 Onondagas, 3,000 Oneidas, and 5,000 Mohawks. About the time of the American Revolution the "Six Nations" with the exception of the Oneidas, the Tuscaroras, and one village of the Mohawks retained their allegiance to the English Crown and had as their chief the celebrated Joseph Brant. The warriors of these Indian nations fought up and down the reaches of the Mohawk and are found identified as combatants in nearly every Indian battle occurring within the borders of the State. These Indians were superstitious and had assimilated the belief in witches which had spread throughout the colonies. They executed their own members thought to be possessed of witches. The last witch-burning in Oneida County occurred in 1805 in the case of an indian woman.

In 1737 Sir William Johnson founded a settlement on the Mohawk and acted as Superintendent of Indian affairs for the Crown. He soon possessed vast influence and great authority which was wielded over the Indians in his domain. The influence of Sir William and his family which continued to the beginning of the Revolution was of great value to English strategy. An

Indian mission was opened in 1748, although Jesuits had visited the Indians from a very early date. However, it was not until 1766 that a really permanent Protestant mission was established by the Rev. Samuel Kirkland.

The earliest land transaction is dated 1705 when 3,000 acres in the central part of the present Oneida County was granted to Thomas Wenham and comprised what is now the towns of Rome, Floyd, Marcy, Whitestone and West Moorland.

Small military works had been constructed as occasion demanded from the earliest days. The first of these in permanent form was built in 1727 at Oswego which was then part of the Oneida territory. The first fort in what is now Oneida County was erected where Rome now stands and was named Fort Craven. Later there was constructed a chain of forts named Fort Bull, Fort Newport, Fort Williams and Fort Stanwix. The last named stood on the site of Rome and through part of its existence was called Fort Schuyler. This should not cause it to be confused with the original Fort Schuyler which was constructed at Utica. This chain of forts extended from Oneida Lake across to the Oneida-Herkimer county line. Fort Stanwix was to prove a great strong bar in time of need against the Crown troops and ravaging Indians sent against its defenders of the Revolution.

One of the earliest of the permanent fortifications was the small military work erected in 1758 between what is now Main street and the river a little below Second street in Utica. These forts situated on the natural military highway through the Appalachians naturally came to see real fighting and a recital of their military operations calls forth stirring scenes of valor.

The battle of Oriskany, the greatest battle fought within the county boundaries occurred August 6, 1777. The Americans were commanded by General Herkimer who received a mortal wound in this memorable action. The Americans were ambushed but after a terrific struggle were able to keep the enemy from obtaining his objective which was to make junction with other divisions of the British army coming down New York State from the north near the eastern boundary with the idea of dividing the colonies and attacking Washington's army in the rear. The battle was a notable aid to the ultimate success of the American arms

and has been given its well-deserved niche in history. Oneida County may also claim a unique distinction in that at about the same time as the battle of Oriskany, the defenders of Fort Stanwix while making a sortie as a counter demonstration with the idea of aiding General Herkimer's sorely pressed band, unfurled to the breeze for the first time on land and in the face of the enemy the newly adopted flag of the nation with its Stars and Stripes. Thus the Emblem of the Republic received its first baptism of battle fire in Oneida County. Fort Stanwix later besieged did not surrender. Herkimer had not been defeated. The enemy of that day "did not pass" the valley of the Mohawk.

Incidentally, let us add, concerning the original flag of Fort Stanwix that "the white was made from ammunition shirts, the blue from a camlet cloak captured from the enemy, while the red was supplied by odds and ends."

In 1787 Moses Foot, Esq., emigrated from England with eight other settlers all of whom were from early Pilgrim stock derived from England. Following these there came the Dutch from Albany and the Hudson River region. From these two elements came the determination to adopt the township system of government.

The county was finally erected March 15, 1798 by Legislative enactment. The name Oneida was given it as the territory had been largely occupied by the Indians of that name. The name Oneida is of peculiar significance. It said to come from the word "Onia" in the language of the local indians. The word "Onia" meant stone, or a stone. Oniota-Aug (sometimes spelled Oneyotka-ono) was a word meaning "the people of the stone." This compound word was corrupted by colloquial use to the phonetic "Oneida." The Oniota-Aug were given this title by their red neighbors from the fact that the tribe had preserved a large stone upon which they made their sacrifices and around which they held their councils.

Hugh White, Esq., had settled in the place now bearing his name in 1784. The county was a very broad expanse of territory at that time, but in 1788 revision of the boundaries was agitated and after a time these were recast and county lines made over. Whites' Town originally was of enormous size. One of the lateral boundary lines ran through what is now Oneida County and

crossed the Mohawk near the foot of Genesee street in Utica. The first court of record held within the present limits of the county was a term of the Herkimer Common Pleas and General Sessions in the town of Whitestone, in the village of New Hartford in January, 1794. In 1802 Whites' Town was made, in conjunction with Rome, a half-shire town, which it continued to be until superseded by Utica in 1851. Rome was the original county seat. Thus this county has been somewhat unique in having had more than one "shire-town."

In 1794 we find Captain George W. Kirkland and Baron Steuben making the beginnings of the great educational movement which has always marked this locality. In that year "near Clinton village" these two men laid the corner-stone for an academy which later, on May 26, 1812, received its charter as Hamilton College.

Again after the days of peace following the Revolution, the valley of the Great Pass woke once more to the echoes of "Assembly" as the bugles of 1812 called the menfolk to war. Sounded the recall and peace again. At once began the most wonderful development of civilization under liberty the world has ever seen. Thousands upon thousands wended their way through the valley. The streets of the tiny villages were choked with the slow moving teams drawing great emigrant wagons toward the land of the setting sun. In Rome on July 4, 1817, the first shovelful of earth was turned for the Erie Canal which was completed in 1825. Once again the Great Pass found itself the most travelled highway of the continent. It was in fact the highway of the world engaged in nation-building. This stream of emigration continued on the canal and highways until the coming of the railroad systems.

The first railroad constructed in the State of New York was between Albany and Schenectady and was essentially a "portage." It covered a distance of only seventeen miles. It was incorporated under the name of "the Mohawk and Hudson Railway Co." under date of April 17, 1826. The first railroad in Oneida County was known as the Utica and Schenectady Railroad and connected those two cities. It was seventy-eight miles long and the first passenger train arrived in Utica August 2, 1836. This section of the road was merged in the New York Central Railway in

1853 which was chartered April 2, 1853 and was composed of the smaller trans-state railroads but was not consolidated with the Hudson River Road until 1869. It was in Rome that the first sleeping car ever constructed was built. The New York Central Railroad passes squarely across Oneida County and its whole territory is thus afforded transportation facilities of an exceptional order.

State highways as such are first mentioned in New York State in 1691 when the first surveyors were appointed by the colonial assembly. In Oneida County the old Indian trail through the Mohawk valley provided the first general routing for traffic. However, in 1721 road commissioners were appointed for the western part of Albany county "as far as Christians are settled or hereafter may be settled," and some beginnings were made in easing the way of the traveler and his freight. In 1791 among others Baron Steuben, then a resident of an estate comprising that part of Herkimer county which was subsequently to become part of Oneida County, petitioned the Legislature for "a line of road from Little Falls on the Mohawk to the falls on the Black River which runs into Lake Ontario."

In 1800 the Seneca Turnpike Company with a capital of \$110,000 was chartered by the Legislature. The shares were \$50 each. Plans for a road had previously been made in 1794 between Utica and the Genesee river at Avon. The road from Albany to Utica was known as the State road. As these early highways gradually fell into a state of bad repair, means had to be taken to better them particularly as the roads leading through the Mohawk valley bottoms were fast growing impassable while the increasing streams of overland traffic to the west necessitated that these routes be kept open. Under the Seneca Turnpike Company these roads were improved and this easing of the way for the emigrant and trader was the first important factor in the growth and mercantile importance of Utica. This city became viturally the head of navigation in the Mohawk and the great way station in handling the tide of emigration now steadily seeking new homes in the great tracts of land beyond. In 1847 a plank road was authorized between Rome and Utica but it was later abandoned. Later roads were laid out and constructed both through State funds and by personal labor on the part of the population.

With the development of the modern policy of the State in regard to its highways the old methods disappeared and are now keeping ghostly company in the same limbo where are found old, creaking toll gates and the bygone echoes of the coins falling into the cup held out by the tollroad's guardian.

It is instructive to note in this the vicissitudes of investments thought unshakable. At one time the buying of shares in the highway companies was looked upon as affording an absolutely safe as well as everlasting form of obtaining interest producing dividends. More than one board of college trustees and similar bodies so invested their funds with the idea of obtaining a steady return for decades to come. A change of policy on the part of the State, the clang of the locomotive bell and the general flux of modern methods has eliminated such companies entirely from the investment market. These shares of stock once found in strong boxes as evidence of solid wealth and prudent foresight are now practically unknown to the present generation.

CHAPTER III

THE PEOPLE

In 1647 the census of the population in what is now New York State indicated 1,500 people. The boundaries of the future State were rather indefinite and for many reasons the figures given are probably only approximate. However as time went on it was possible to count heads with more accuracy and so we find that in 1723 there were listed 40,564 individuals in the commonwealth. Later census taking shows the following:

<i>Year</i>	<i>Number</i>
1774	182,247
1810	959,049
1860	3,880,735
1875	4,698,958
1890	5,997,853
1900	7,268,894
1905	8,067,308
1910	9,113,614
1915	9,687,744

The increase of 1915 over 1910 is 574,130 or 6.3 per cent.

The figures for Oneida County show the following:

<i>Year</i>	<i>Number</i>
1814	45,228
1845	84,776
1865	102,713
1875	114,335
1890	122,922
1900	132,800
1905	139,341
1910	154,157
1915	167,331

The increase of 1915 over 1910 is 13,174.

In 1875 there were within the county 88,500 persons born in the United States, and 25,835 foreign born: a ratio of about 3.5 native U. S. A. to 1 of the foreign born. In 1910 it is interesting to find only 42 Indians residing within the county lines out of all the thousands who formerly roamed this territory. Of the Oneida Indians as a tribe there were exactly 211 individuals remaining in this same year within the whole State of New York. The Oneida Reservation is situated four miles south of Oneida station on the N. Y. C. & H. R. R. and comprises 400 acres. These Indians hold their land in severalty.

In passing it is well worth while to make the following comparisons: Oneida County in 1910 had almost 9,000 more people than the whole state of Wyoming, and nearly twice as many people as the whole state of Nevada. Its population in 1910 was approximately a little less than one-half that of the state of Idaho, the state of Montana, the state of Utah, or the state of Vermont. It was about two and one-half times as populous as Alaska and a little more than four-fifths as well peopled as Hawaii.

The population of Oneida County by the New York State census of 1915 was 167,331. This was distributed in cities and towns as follows:

Annsville	1,450
Augusta	2,056
Ava	659
Boonville	3,260
Bridgewater	862
Camden	3,359
Deerfield	1,836
Florence	970
Floyd	702
Forestport	1,170
Kirkland	4,781
Lee	1,313
Marcy	1,260
Marshall	1,814
New Hartford	7,864
Paris	3,018

Remsen	983
City of Rome	21,926
Sangerfield	2,032
Steuben	839
Trenton	2,671
City of Utica	80,589
Vernon	3,841
Verona	3,752
Vienna	1,931
Western	1,150
Westmoreland	2,115
Whitestown	9,128
Total	167,331

Figures compiled from the official report of the Secretary of State show that from 1905 to 1915 the State of New York added 1,620,436 people to its population. This makes a yearly average of about 162,000. Greater New York increased from 4,013,781 to 5,047,221; making the percentage of increase 25.7%. The cities of the State held 7,249,602 or 74.8% of the entire State census. The incorporated villages had a total population of 863,894. The rural communities had 1,607,327 inhabitants, which was 16.5% of the whole population. This number, almost exactly one-sixth of the whole population, was remarkable in that this same number comprised nearly one-fifth of the total number of the citizen population of the State, 18.5% to be exact.

The value to any community of easily accessible postal facilities has been dwelt upon by our law-givers from the days of Benjamin Franklin. In 1910 Oneida County had 57 postoffices, exclusive of Rome and Utica. The former had a general postoffice and three sub-stations; the latter, one general office and eleven sub-stations.

To a greater or less degree it has long been observed that the terrain of any locality influences both the type and number of those who emigrate to it and settle within its borders. Following the first social implanting come others drawn through ties of blood or influenced by hopes of civic and industrial opportunity. One

finds, however, that the various activities are not carried forward by the community as a whole, but rather that certain minds naturally drift into channels having as their outlook certain definite objects. In this way there gradually appear certain men or groups of men whose intelligence, ambition and capabilities have been the foundation upon which the general trend of the community-activities have been laid. There is always the pioneer in all the branches of human endeavor. The one who clears the wilderness to make way for fields and roads and cities. The one who first assembles the youth of the county and founds not only a school but that high spiritual attitude from which later generations draw their inspiration. These were the men who not only saw the need of the thing at hand, but in their vision saw the need of things to be and then seizing pen or plough, or mechanic's gauge, wrought dreams into reality. Side by side with industry there appeared the home and with the laying of the hearthstone comes also the roll of those who fought well in the name of Home and Country when called upon for their defense.

Oneida County, the country of the Great-Pass, has seen men of military mien since the days of the earliest explorers. During the Revolution Oneida County played the part naturally to be expected and which came about through its strategic position in the Mohawk valley. To fort and field came the patriot defenders without fear of the ever-lurking danger in the vast forests and heavily, timber-bordered streams. By the time of the War of 1812 Oneida had assumed her present status as a county and as such sent her men to the defenses of the State and Nation. Again this happened in the war with Mexico, and then during the Civil War she sent her quotas as they were called for by the Great Emancipator. We see recorded in those troublous days the raising of five regiments. Besides these there were a great many men who enlisted as individuals in various units, or who enlisting in Oneida County went as groups to swell the numbers of depleted companies or as other troops. In 1898 the call came for the war with Spain. It found Oneida giving again of her sons and as this article is written the bugles blow for the sixth gathering of the war men since the days of Indian ambush on the Oriskany and the inspiring defense of Stanwix.

In order that what we record here concerning the people of Oneida County may have the softened flavor of age and be free from the many distracting influences of more modern days, it has been thought best, in appending the list of names here given, to limit them to those appearing in the printed records of the county previous to 1878. With this in mind there can be no cause for bias and although we regret that some names prominently associated with civic uplift and industrial advance in these later days will thus be left out, yet the object in making this list was to present the "family history" of the county as a whole and to record those names which represent individuals who in earlier days had much to do with shaping the trends which led up to the present civic status of the community.

A perusal of the muster rolls of the War of 1861-65 shows practically very name which had appeared in the earlier activities of the county. Naturally there are hundreds of other names designating men equally patriotic, but the names of every one in the Union Army from Oneida could not be included here for obvious reasons. Besides that, as previously explained, the names listed are those which had actually appeared in public annals for the most part long before the Civil War, and have a distinct value in the genetic sense. The men of these names accomplished in each case a rather definite thing, or made a definite contribution to the community life. The names were obtained by going over the records of the county beginning with the days of the Revolutionary era, and recording the paternal name of those men who had been especially mentioned in the county annals for work either in the field, the school, the bar, in medicine, in politics or in the judiciary. The list shows the paternal name of every man elevated to any of the important elective or appointive offices in Oneida County, in New York State, or the Congress of the United States, who was either a native or resident of Oneida County up to 1878. The exceptions were the names of a few men whose activities had reached national importance since that date.

The question as to what distinction should be made between "natives and residents" of the county arises. The answer is that no such distinction can be kept up with thorough consistency. In

our analysis of the conditions governing the general trends of the county for the past century, we were soon face to face with the fact that a person of to-day a descendant of one of the old families would commonly be considered as a "native" but his early forebears as immigrants to the country were simply part of the "resident" population, and only the Indians could then be considered as the "natives."

However, it is seen that there is perhaps no need for the distinction. The bald fact that certain men of certain types have been actually living in the county at any particular time, means that they have transmitted themselves as social assets or social liabilities in their descendants who still reside there and the question of actual place of nativity has little significance for the purposes of this survey beyond that of making some attempt to fix in a fairly definite way any geographical foci where race degeneracy or genius seemed especially noticeable. For these reasons the names of some of the men in the appended list represent much more in the way of "native" stock than others, but there is not one who has not left his impress on the community as a whole in years gone by.

Here it is fitting to record the words of one of the brave men of Oneida. Jason Harger, a private in the Union Army, lay dying on the battlefield on the 7th of June, 1864. Many others like himself had made the same supreme sacrifice but Jason Harger of Utica could put the wish of his soul into words. As he breathed his last, his words were, "May the old flag triumph." And because in making a survey of a community as to the causes of dependency it seems equally desirable to record those causes for civic greatness, these words of Jason Harger are written down. For the same reason in looking over the names of those who become social liabilities it is of equal or perhaps even greater importance to see the stock from which comes our social assets. The names hereto annexed are the county's social, civic and industrial assets.

Oneida County has sent men to the highest offices in the State of New York and to the Halls of Congress. Witness the senators of the National Senate, Henry A. Foster being the first in 1844, later Roscoe Conkling in 1867, and Francis Kernan in 1875.

Horatio Seymour of Oneida was elected Governor of the State of New York in 1852, and again in 1862.*

The list then was developed by taking from published records the paternal names of all those who had attracted public notice by their achievements in any of the spheres of community activity. Among these names will be at once recognized the founders of all Oneida County social institutions; the men and their results, which have meant the best and accomplished the most for general civic welfare and genetic uplift.

A

Abbott	Andrews
Ablett	Andrus
Adams	Armstrong
Alden	Ashley
Allen	Avery

B

Babcock	Best
Bacon	Bicknell
Bagg	Birdseye
Bailey	Bissell
Baldwin	Blackmer
Ballou	Blackstone
Barber	Blair
Barker	Blake
Barnes	Blakeslee
Barnum	Bliss
Barrows	Blodgett
Bartholomew	Bloodgood
Batchelder	Bloomfield
Beach	Bogue
Beardsley	Bradish
Bearss	Bradley
Beckwith	Brayton
Bedell	Breese
Benedict	Brewster
Bennett	Brigham

*History of Oneida County — Everts and Fariss.

Bristol	Brown
Brodhead	Bunce
Bronson	Burnley
Brooker	Butler

Butterfield

C

Cady	Cobb
Camp	Coffeen
Campbell	Colbraith
Capron	Cole
Carey	Collins
Carroll	Comstock
Case	Conkling
Castle	Cook
Chadwick	Cookingham
Chamberlain	Cooper
Champion	Corbett
Chandler	Costello
Chapman	Coventry
Chatfield	Coxe
Christian	Crandall
Church	Cromwell
Churchill	Cross
Clark	Curran
Cleveland*	Curtiss

Cushman

D

Daggett	Dexter
Damuth	Dickinson
Danforth	Dill
Davis	Doolittle
Dean	Dorrance
Denio	Douglass
Devereaux (Devereux)	Dunham

Dwight

* Brother of President Cleveland. He was the first pastor of the Presbyterian Church on Alder Creek at Forestport.

E

Eels
Ely
Enos

Ensign
Ethridge
Evans

F

Farley
Farnam
Faxton
Ferry
Fisk
Fitch

Flanagan
Flandrau
Floyd
Foote (Foot)
Foster
Fowler

Frisbee

G

Gale
Gallup
Gaylord
George
Gifford
Gold
Goodrich
Goodsell
Goodwin

Graham
Grant
Graves
Gray
Green
Gridley
Grindley
Grosvenor
Guiteau

H

Hagedorn
Hague
Hale
Hall
Halleck
Hamilton
Hanchett
Harrison
Hart
Harter
Hartwell
Harvey
Hasbrouck

Hastings
Hatch
Hatheway
Hayden
Hayes
Hazen
Helmer
Hickok
Hicks
Highy
Hinckley
Hinman
Hitchcock

Hogeboom	Hubbard
Hollingworth	Hubbell
Hooker	Hull
Hopkins	Humaston
House	Hungerford
Howe	Hunt
Hoyt	Huntington

Hutchinson

I

Ives

J

Jenkins	Johnson
Jennings	Jones
Jerred	Judd

K

Kane	Kimball
Kellogg	Kip
Kelsey	Kirkland
Kendall	Kirtland
Kernan	Knight

Knox

L

Lansing	Loomis
Larrabee	Lord
Leavenworth	Lothrop
Lewis	Lowery
Lillybridge	Lynch

M

Mallory	McGuire
Mann	McIntosh
March	McKown
Marshall	McNeil
Marson	McPherson
Marvin	McQuade
Matteson	Merrill
Maynard	Meyer (Meyers)

Middleton
Millard
Miller
Miner
Monroe

Moore
Mosely
Mott
Moulton
Mulhall

Munson

N

Newberry
Newell
Nicholson
Ninde

North
Northrup
Northup
Norton

O

Osborn

Ostrom

P

Palmer
Parker
Parsons
Peacock
Pease
Penfield
Penny
Perkins
Perry
Pettibone
Phelps
Pierce
Pike

Platt
Pomeroy
Pond
Pooler
Pope
Porter
Potter
Powell
Pratt
Preston
Proctor
Pugh
Purry

R

Ralph
Raymond
Reall
Reynolds
Richardson
Risley
Robbins

Roberts
Robinson
Rogers
Roof
Root
Rouse
Rowley

Rudd

S

Sage	Smith
Sampson	Smyth
Sanborne	Snyder
Sanford	Spencer
Sanger	Spriggs
Sargeant	Spurr
Savage	Stafford
Sawyer	Stanley
Sayles	Stebbins
Sayre	Steele
Scholefield	Steuben
Seward	Stevens
Seymour	Steves
Shearman	Stocking
Shelly	Stoddard
Sherman	Stone
Sherril	Storrs
Sherwood	Strong
Skelly	Sturdevant

Sweet

T

Talcott	Tower
Taylor	Townsley
Thompson	Tracy
Thorne	Trowbridge
Thornton	Turney

Tuttle

U

Underwood

V

Van Eps	Van Ness
Van Vlick	

W

Wager	Warren
Walker	Washburn

Weaver	Wilcoxon
Weeks	Wiley
Weiss	Willard
Weld	Williams
Welles	Winslow
Wells	Wolcott (Walcott)
Weston	Wood
Wetmore	Woodruff
Whaley	Woodworth
White	Worthington
Wilcox	Wright

Y

Young

CHAPTER IV

INDUSTRIAL DEVELOPMENT

The industries of a community are so closely related to its general history that the story of its commercial progress is simply a view of the activities of the same persons from the angle of thrift rather than the angle of government and politics.

The individual who has once demonstrated himself as a civic asset is not one in whom as a rule there lurks the possibility of his becoming an economic dependent. Just as it is worth while, therefore, to trace the "family history" of a whole community, so it is well to record the symptom-behavior of those who were industrial pioneers and social assets for the State in order that we may gain a better perspective in viewing the industrial efforts of their descendants, our neighbors of the present day. In seeking the causes of dependency let us note factors associated with the determination of efficiency. And just here one thought comes prominently into view. We notice that from the very beginning of the county's industrial activity that certain individuals at once became the planters and reapers, others at once occupied themselves with barter and trade, others acquired a store of academic knowledge and filled the professional ranks, while a fourth group followed pursuits of a mechanical nature.

The important thought connected with these observations is that certain individuals appear naturally to have a *liking* to *do* certain things. Their life work represents a deep *wish* to accomplish certain things in specific lines. They appear to be dominated by certain trends of direction of activity which determine their ambitions and govern their conduct in the broad sense of symptom-behavior. The effect of the main-trend wish in the personality is thus seen in the affairs of everyday life. When it is attainable in spite of the ceaseless conflicts with reality we find it is due to the innate ability of the individual to make proper and adequate mental and physical reactions. When such adequate reactions are not always possible there comes symptom-behavior connoting failure to make adequate adaptations to the demands of the environmental life conditions: the actuality of potential dependency is thus made apparent.

The facts are that with the clearing of the wilderness we see some of the settlers establishing themselves as tillers of the soil, some as mechanics, some as millers, some as educators, some as physicians, and others making the beginnings of the bar, the bench, and state-craft. In surroundings of an essentially primitive type we see how the main trends of differing personalities blazed each their own paths to individual ambition through all obstacles *regardless* of environment.

The county was first settled by the immigrant looking to found a home and as a rule it was his intention to raise the products necessary to feed himself and family by the harvest from his own fields. Coincident with the development of agricultural industries was the beginnings of the cities, first seen in the cluster of cabins clinging to the protection of the forts. Often the forts were situated in places well adapted to military defense but for the same reason less well adapted to the comfort of the little settlement that was growing up beside it. This was particularly true in the case of what is now Utica, as the land around the fort was swampy and for a long time was a very unattractive spot for the prospective villager.

Inasmuch as the history of Utica is in reality the epitome of the whole community, it is perhaps well to let the industrial growth of that city speak for the whole of Oneida County.

The site of Utica is very nearly the geographical center of the State. It was the way station between the West and the East. Following the erection of the fort it showed little in the way of becoming a permanent settlement until 1785 when the three first citizens of the present city came and erected their three cabins under the shelter of Fort Schuyler. These men were Cunningham, Demuth, and Chrisman. The Palatinate had furnished the forebears of the first two while the land of the thistle and Bobby Burns contributed the latter. The Revolutionary War was now over and trading began to center attention around the old stockades. More settlers came and some of them drifted north, south, east and west, and so gradually the falling timber came to be replaced with fields of corn and wheat and pleasant orchards. These pioneer farmers in turn came back to the fort-trading settlement to sell and barter their pelts and food-stuffs for the coin or

hardware or drygoods of the early merchant. It is probable that one day a creaking wagon broke down in the center of things and the distressful sight caused someone to bethink himself of the need of the traditional man of brawn and honesty. In any event a smithy was soon working in the settlement and not much later there were others following various trades of a mechanical nature. In 1789 Peter Smith became the pioneer merchant in the real sense of the term. He had removed from out the Hudson Valley region. He soon took in John Jacob Astor as a partner and under the latter greatly extended the radius of their enterprise.

In 1797 came Bryan Johnson, who founded a fortune in merchandise and became the head of a notable family whose activities have for years been history in this county. Benjamin Walker, formerly military aide to General Steuben, became prominent through his efforts to facilitate immigration to this district and in increasing its local industrial activities. He was very successful in these efforts, carrying out his plans through his office as land agent. In 1800 he was elected as representative to Congress. The medical profession sent its first comer to the village in the person of Dr. Coventry. This was in 1796, two years after the opening of the original tavern and travelers' rest by a Mr. Bagg which was to grow and wax in fame. The year of the birth of the tavern, 1794, saw Jason Parker establish the first regular post, he himself being post-rider between Canajoharie and Whites' Town. The influence of printers' ink locally applied began in 1793 when the "Gazette" issued by Jedediah Sanger, Samuel Wells and Elijah Risley, appeared from New Hartford. Later, in 1798, it was removed by William McLean to Fort Schuyler. When the antique printing press arrived in the Fort Schuyler settlement there were but fifty houses in the village. The population seemed an extraordinarily mixed one in some respects but that which has constituted the modern spirit of America can be seen here then for we are told by President Dwight of Yale College when he visited the village that it was occupied by "sanguine people," a truly striking commentary.

The Jesuits had sent Father Jogues through the trail of the Great Pass as early as 1642 but there never had been a permanent religious society here until the Presbyterians began to hold services

under the Rev. Bethnel Dodd in 1794. Trinity parish of New York City founded an Episcopalian mission in the settlement in 1798.

After 1800 there was a strong influx of Welsh settlers who coming in, organized the First Baptist Church in 1801. The following year, 1802, brought forth the First Congregational Church under the Rev. Daniel Morris, and in 1804 this body erected the first church edifice in Utica.

The village had grown to ninety houses in 1802 and the people were of almost all the noted creeds and sects. We find developing in this little town shadowed by the primeval woods a rather extraordinary thing, for even before the population had reached 5,000 the place was noted for its great educational and publishing interests. Who can evaluate the total benefits which have accrued to posterity from these early efforts of pioneers to carry knowledge to the people. The Welsh influence is seen in the early printing of Welsh hymns and the catechism; then there appears Webster's Lessons in Reading and Spelling. In this educational category there were many other books, notably those covering geography and music. It seems a little strange to think of pioneers printing and reading books of adventure but such was the case. Perhaps not so strange as this, but rather indeed a more striking example of the outcropping of potential trends for high ideals is the fact that books of verses appeared at this same early date, and with these came copies of the classics and many other works of the best in literature. What is perhaps even more unexpected comes the printing of magazines, all of which happened before 1825.

The first lawyer to practice in Utica was Nathan Williams. He appeared before the first court held in the county. Later he served as District Attorney, 1801-13, and as a member of the New York Assembly for three terms and was also a Representative in Congress, 1805-7, and served the courts as judge for ten years after 1823. John C. Devereux came to the little village in 1802 and at once began to take an active part in the affairs of traffic and general banking interests. His success in these lines enabled him in later years to assist his fellow townsmen in many ways, notably that of civic charities and general solicitude for those less fortunate than he.

In 1819 Roman Catholic services were celebrated for thirty communicants but it was not until 1821 that the first Roman Catholic Church was consecrated.

The immigration of this period had changed complexion and the van of the great tide of Irish immigrants began to appear in numbers. They formed an important element as a strong, keen and lusty people in the life of Oneida. With the development of better traffic ways, particularly through the digging and operation of the Erie canal, the Irish came into greater prominence. Utica and the adjacent settlements received a marked impetus from these sources. This was particularly noticeable after 1825 when Lake Erie joined the Hudson and the deep water of New York Bay. Through being situated in this great chain of inter-communication is to be attributed the metropolitan growth of the little settlement around old Fort Schuyler, which was also reflected in the villages throughout the whole Mohawk valley.

With better freight carrying facilities came commodities for fabrication. The industries of Oneida County began to take on the feature of conversion. Raw products were changed into useful articles, and this in quantity far in excess of local demand or need. Hence arose the fact of an industrial center which supplied the demands first of its own State, then the nation, and finally saw its products assuming world-wide scope and importance.

In 1810, near what is known as the site of the New York Mills, Walcott & Company began to spin cotton. The New York Mills came as a later plant. After the latter had been in industrial existence for some time, came the Capron Manufacturing Company. These early firms were always deeply financed by Oneida capital.

Money as a means of exchange had flowed only through the coffers of the individual merchant or the skin wallet of the pioneer up until 1809 when corporate banking had its inception under the Manhattan Company of New York. This was brought about through Mr. Montgomery Hunt coming upstate and establishing a banking concern, an off-shoot of the New York firm. This arrangement continued until 1818.

In the meantime James S. Kip founded the original Bank of Utica in 1812, heading the corporation as president and taking in

Montgomery Hunt as cashier. The capital was stated to be \$600,000. Later the title of the corporation was changed to "The First National Bank of Utica."

Insurance matters were of commercial importance as early as 1816. At this time the Utica Insurance Company was incorporated through Alex. B. Johnson with a capital of \$500,000. The firm also undertook to carry on certain banking functions which led to an unsatisfactory state of affairs which were finally cleared up through legislative enactment in 1818, which separated the insurance features from the banking department and abolished the latter. In 1839 the first separate bank for savings was established in the Utica Savings Bank.

In going over these early ventures one is struck by the repeated instances of large corporate capitalization, especially when we remember the rather meager number of the population. It emphasizes the active mental type of these early Americans and foreshadows that spirit of industrial enthusiasm through which the whole United States has expanded in ways and means and methods never before dreamed of.

The village of Utica obtained a second charter under date of April 9, 1805. This enabled it to take a better grasp on municipal affairs through conferring broader powers on the "trustees." From this charter dates the beginnings of the fire department and the orderly laying out of streets and their appurtenances.

Whites' Town, the pioneer town, also furnishes us the first example of establishing oversight of public charities through community aid and interest. This was done through the organization of the "Female Charitable Society" of Whites' Town in 1806. The people of Oneida have continued this charitable interest in their dependents through all the years that have followed, and have evinced this benevolent concern in a practical manner by the erection of many institutions calculated to relieve the various forms of human suffering and dependency.

From colonial days the youth of the towns and villages had received educational advantages. At first this was done through parents or neighbors around the hearthstone; then as the number of children increased private schools were established. Public notice was soon enlisted in the great problem of education and one

of the earliest of the really great enterprises of Oneida was the satisfying of the need of the youth of the time for adequate educational opportunities. Not only was the demand for "common school" methods met and filled, but opportunity for a higher education was afforded those who craved it. In accordance with this spirit we find Utica Academy chartered in 1814, two years after a charter had been granted to Hamilton College. From these small beginnings grew up the town and city system of public schools, fortified by notable institutions for academic and collegiate courses. The first Sunday School started in 1815. Curiously enough it was for colored children; but one for white children followed in the year 1816. It seems, however, that this Sunday School was intended for the edification of poor white children only, it no doubt being thought that their religious opportunities were impaired through the neglect of their (poor-type) poverty-stricken parents. Here is seen indirectly the first glimmering of public recognition of the fact that children showing lack of opportunity through "improper guardianship" of (poor-type) parents needed as potential dependents, special care on the part of the community. Thus we see even in these primitive days the community bringing these children into a separate group for special training in morals and demeanor. Sunday Schools as such for all the children were a later development.

On April 7, 1817, Utica was separated from Whites' Town and a third charter was drawn. The people at the time of the making of this charter numbered 2,861 and were domiciled in 420 houses. There were in addition quite a number of stores, three churches, three banks, tanneries, a brewery and several smithies. A Lodge and Chapter of Free Masons had been founded and a police force adequate to the needs of that day had been established. A "free school" was a source of great pride to the citizens.

Passing over the next fifteen years we see Utica emerge as a city. It was so incorporated on February 13, 1832. The population had grown to 8,323 as shown by the census of 1830 and its industrial activities had more than kept pace with this growth. Utica had in the earlier years felt the need of more water power but the coming of the days of steam changed all that. About 1830 its industrial projects and plants numbered something like 550.

There were 44 drygoods stores, 63 groceries and stores for general merchandise, 10 hardware stores, 19 millinery and dressmaking establishments, 6 jewelry stores, 5 book stores, 9 cabinet shops, 4 chair factories, 20 blacksmiths, 16 carpenter shops, 3 furnaces, 9 bakeries and many other small single enterprises.

The diversity of the manufactured articles is surprising and Utica was one of the places which afforded a birth house for some of that brood of steam engines whose whirring wheels were to revolutionize the world. In addition to foundries for engines there were shops for making carriages and wagons, plows, lasts, musical instruments, rope, pottery and brick. Printing presses were 19 in number, operating in 9 shops. Boat-building was quite an active industry, types being made for both river and canal use. There were 32 physicians, 21 clergymen, and 43 lawyers. The churches had increased to 15. Weekly newspapers were the vogue and competition for news and beats kept eight of them busy, not to mention one bi-monthly. The weeklies were stated to have a circulation of 17,852, which would indicate that their "sphere of influence" was quite extended.

Utica's first mayor was Joseph Kirkland who when he assumed office was already famous as a lawyer and as a statesman. He served also as a member of the State Legislature and was in the National Congress.

One of the earliest enterprises in the municipality was the erection of a mill for grinding flour which was run by water-power conserved through dam-building. The drinking water of Utica, after the methods of primitive days had passed, was furnished by the Utica Aqueduct Company. This was organized in 1802. The water was derived from springs. This water supply was adequate for a number of years, then, after internal changes, the original company ceased to function and the Utica Water Works began to serve the city in 1834. The new company brought water down from the outlying hill region over a considerable distance. This supply remained unchanged for decades and it was not until 1906 that water began to be drawn from the lower Adirondacks.

With the growth of the railroads Utica became a great terminal for certain products and a greater transfer station for others. This

increase of commercial opportunity quickened the inflow of people and incidentally the bank clearings.

The Odd Fellows founded their local Oneida lodge in 1842.

With the railroads soon came the telegraph and it is claimed that within Oneida County through the electrical linking of Utica with Albany, January 31, 1846, and between the whole chain of cities from New York to Buffalo on September 9, 1846, that the first Associated Press message was conceived and delivered, and that newspaper "stories" were from that time on relayed up from the coast to the interior newspaper plants. Utica then can claim parental direction over this, her precocious infant, whose sparkling journeys up and down and round-about the world brings news of good and bad, of weal or woe impartially.

In the decade which brought the perfected telegraph and a locomotive of practical type, came the California gold rush and a revolution in "Mittel Europa." The Germans of 1848 were trying their hand at King baiting and many disgusted or discouraged by the results came sailing into New York Bay and some settled in the upper reaches of the Hudson and the Mohawk. These were Teutons with democratic leanings and took kindly to the type of civic and social life they found. So it was that the Teutonic element suffused the local genetic stream. The early comers had already founded the German-Lutheran church in 1840. Now with the new immigration these early evidences of the Teutonic element were much increased. The year 1848 saw the erection of the first Hebrew synagogue in Utica.

As stated before, Oneida County in general and Utica in particular had early seen the advantages of steam for manufacturing purposes. In 1846 a public meeting was held for the purposes of discussing projects in connection with steam installation in factories which were then practically all dependent upon water power. As a result of this meeting it was decided that steam power was quite feasible for factories devoting their energies to cotton and woolen goods and could be installed and used with profit. With these groping steps progress in the manufacturing of cotton and woolen thread, yarn and fabrics of all descriptions began. We see building then the "Steam Woolen Mills Company." This was the first manufacturing company organized in Utica to be operated under steam power, but the "Globe Mills" soon followed.

Connected with this epoch we find two men, the Churchill brothers, who had seen much experience along mill lines in New England. They were accordingly made the agents for the new companies. The "Utica Steam Cotton Mills" was founded in 1847, and started general operations in 1850. The influence of these early mills as employers of labor have had a profound effect upon the social life of the whole community. Industries necessitate efficient workmen. The unfit tend to drop out. The competent ones who remain should be the backbone for civic soundness, and practical efficiency.

With the beginning of the cotton and woolen industries we find also that five furnaces and machine shops had been organized. The "Gas-light Company," organized in 1848, began commercial service in 1850.

Utica obtained a new charter in 1849, and in the year following, 1850, the census was given as 17,556.

Oneida County and Utica in particular felt the industrial expansion that occurred in the days following the Civil War. The older manufacturing concerns were enlarged and in addition several new ones came in, particularly those having to do with the creation of novelties and improved wearing apparel.

Not long after this the political turmoil both before and after the Franco-Prussian war in 1870 started a reflex flow of immigration from Europe, which accounts for a considerable number of French and Swiss families settling in and around Utica. Besides adding their names to the family tree of the county they brought new ideas and were a distinct addition to the community in an industrial sense. The census of the city was rapidly increasing and by 1880 was 33,918. It had doubled since the days of the gold rush and the "roaring forties." The new charter obtained in 1880 divided Utica into twelve wards and from that date its modern history may be said to begin.

A local Y. M. C. A. had been organized years before and in the later days was to play an important part in the directing of the mental and physical energy of many embryo Americans through healthy outlets. Such social aids buttress American communities in their needs arising from the difficulty of absorbing the influx of immigration groups who in mental attitude and physical train-

ing are quite alien to the Anglo-Saxon type of civic and social institutions founded by the colonial fathers. Oneida and her cities had this problem to solve decade after decade, as illustrated by the sudden wave of Italian immigration which accompanied the building of the West Shore Railroad. In an analogous fashion the pogroms of Russia sent the Russian Jew to the land of liberty and many were drawn to Utica on account of the spinning, weaving and clothing industries. About the same time there was a considerable accretion of Slavs and Magyars in the persons of Poles and Hungarians. All of these new peoples had much to learn in the way of American ideals; each of them had something to give of brain, or brawn or capacity for industry. There is always the best of the best in each group. These demonstrate themselves as valuable industrial units without delay. On the other hand, for the protection of its future civic and genetic greatness Oneida must note, determine, and then by suitable methods remove from the common stream of community life all those in whom there lies the qualities of the dependent, defective or potential delinquent.

In 1905 the area of Utica was stated as 9.06 square miles. The banks and all its financial bulwarks were in a strong and thriving state. It had enormous manufacturing interests and had assumed a real leadership in cotton spinning and cotton and wool fabrication. The Utica Steam and Mohawk Cotton Mills were capitalized at \$2,000,000, operated 2,500 wide looms and 160,000 spindles. For 1905 the cotton business of Utica represented \$5,001,177. The Globe Woolen Company was one of the greatest producers of woolen fabrics in the country. Utica has also become noted as the producer of cloth especially adapted for men's clothing. In addition there is great production in knitted underwear, hosiery and caps. The iron industry, perhaps the first introduced into the county, still remains and now has gained tremendous importance and has developed many special lines, some of which are the fabrication of iron piping, stoves and steam engines, farming implements, firearms and tools. Musical instruments have always had an industrial home in Utica and the fact still remains, particularly noticeable in the organ factories.

The leather business of the earlier days, supported by hides from the farm and produced in local tanneries, has largely disappeared as few cattle are now raised for beef, especially in face

of the meat invasion from Chicago. However, both local and imported leather is still fabricated to a very large extent, particularly as industrial belting. Cheese, in Oneida County, as the by-product of the farm dairy, was discovered to be a profitable commercial end-in-view about seventy-five years ago. The industry of making and packing cheese for extended shipment is perhaps one of the county's chief sources of pride, particularly among the dairying interest. Cheese, which had its first industrial home in America in this county, still continues to hold a good share of the commercial stage and is surrounded by a chorus of little sister by-products, milk, butter, barrels, tubs and cans. In fact, being the center of a large commercial dairying section, the cheese industry alone called for workers in many trades, from cloth to iron, coopers, canners, tanners, machine operators, and milkers, including the grass-growing dairyman himself.

About the time of the last United States census in 1910 the publishing business in Oneida was seen to be worthily following in the footsteps of its grand-dads who had published newspapers, verses and classical lore practically in the wilderness. In Utica there was "The Herald-Dispatch", founded 1793, still going strong; the weekly "Observer", published Wednesdays and Saturdays, founded in 1816; the "Cyfaill", a Welsh publication, founded in 1837; the "Drych", another Welsh paper, founded in 1851; the "Deutsche Zeitung", a German publication, founded in 1854; the "Luce", an Italian weekly of more recent years; each denoting by their date of founding the successive strata of immigration waves. Besides these there are in Utica alone eleven other publications.

Rome has developed as a remarkable center for metal fabrications. Particularly is this true in the case of copper which has followed the demands of trade depending upon the rise in a commercial sense of electricity, automobiles, airplanes and modern war needs. Wire, rods, and tubing are turned out in great quantities and these factories alone employ many people. Bathtubs, plumbing fixtures, bedsteads, kettles, machinery, engines and farm implements are the other chief industrial products in metals. Cotton and woolen goods are also turned out and there is considerable activity in relation to the agricultural and dairying interests.

“ The Sentinel ”, published twice a week is the oldest newspaper, having been founded in 1835. Four other publications also find their homes here. In addition to these city publications there are in the county ten others, most of which are newspapers but some of which are sheets devoted to special interests.

The cross-section of this industrial review shows the increasing size and value of the successive layers of the county's commercial activities. These industries have grown in extent and diversity as has the number and nativity of the people who produced them. Commercial activities in the ultimate end represent the mental life of the men who create them. The industries of Oneida County are as cosmopolite as is its population of to-day.

CHAPTER V

THE PUBLIC INSTITUTIONS

The earliest legislation on the subject of the poor and other unfortunates in the State of New York was in April, 1681. By this enactment the several towns were required to support their own poor. The legislature of 1778 passed an act for the support of the poor in towns and cities and at a somewhat later date provided for the erection of poorhouses by towns and counties.

Until the adoption of this poorhouse system the poor of Oneida County had been cared for by the various towns in a crude and haphazard way. The poor persons of each town were brought before an auction and after examination and public view were disposed of to the *lowest* bidder who thereupon assumed their maintenance and incidentally was entitled to the returns of their labors. That such a system did not seem especially reprehensible to the ordinary citizen of that day is due to the fact that it had been legal to acquire and hold negro slaves in the northern colonies until the Revolutionary epoch. Following the passage of the acts calculated to humanize the care of paupers the county purchased the "county farm" in 1825. It originally consisted of 100 acres, but later several additions were made to it by purchase and by exchange of certain parts of it for land tracts adjacent. These arrangements were all for its betterment and the year 1861 finds the county farm comprising 115 acres. More ground was added in 1872 and the subsequent additions greatly increased the original acreage.

It would seem that the public has always been of a mind to keep separate those whom it intended to punish for crime and those who for any cause were essentially of the dependent class. Early criminal offenders were largely taken care of by the military authorities but with the oncoming of more peaceful days Oneida County needed a place for the punishment of those of criminal type. For a long time they were sent to jails in Herkimer County but in 1801 the first jail in Oneida County was inaugurated at Whites' Town.

The statutes of the State of New York had shown that the Legislature as representing public opinion had taken cognizance of the injustice of imprisoning one who was of unsound mind — a “lunatic” — with those who were criminal and degraded. Laws were early passed forbidding the confinement of any person “mad with lunacy” in jails in company with ordinary criminals. The net result of this law was that the various towns and counties throughout the State committed such of these “lunatics” as became particularly troublesome to the “asylum” in New York city which had been in corporate existence since the latter part of the 18th century, or else turned the cases of mental disorder over to the care of the county poormaster who housed them in dark and unsanitary cells, often in the basement or in the rear of the poorhouse. The insane thus held began to overfill the poorhouses of the State and finally the burden of their care on the superintendents of the poor of each county grew so irksome, and the condition of the poor unfortunates so intolerable that agitation was made for their relief. After several memorials had been presented to the State Legislature and the movement had been sanctioned by the governors of the decade of 1830 to 1840, appropriation was made for the construction of the State Asylum at Utica which was opened in 1843, under Dr. Amariah Brigham. It admitted 276 patients the first year.

The institution as then built was expected to care for the needs of the insane in this State for years to come but the admission rate rose faster than had been anticipated so that by 1859 steps were taken to reclassify the inmates. This was done and particular pains was taken to differentiate the “incurably insane” from the others. It was the intention to remove the “incurable insane” to county care and to reserve the use of the “insane asylum” at Utica for what were believed to be the more curable types. For this reason many counties enlarged their poorhouses to receive the incurable types and hence we find records that in Oneida County a new poorhouse was erected at a cost of \$18,000 after plans which had been prepared under Dr. John P. Gray, Superintendent of the “State Insane Asylum” at Utica. These plans were approved by the board of supervisors and later in 1862-3 a “county lunatic asylum” was erected at a cost of \$16,000. In

1869-70 a new "asylum" was put into use at a cost of \$12,874, and further added to in 1874 by the expenditure of \$7,109. In 1878 the poorhouse with its various buildings and departments was spoken of as "among the best in the State and a just source of pride to the citizens of Oneida County."

The buildings for the insane on the county farm were rendered useless with the taking over by the State under the State Hospital Commission in 1889 of all the insane in county care and placing them in separate buildings distinct from the county farms. The buildings thus emptied of their insane inmates in Oneida were eventually turned over to the State and became the nucleus for the founding of the State Institution for the Feeble-minded at Rome. This institution was legally established as such in 1893 and was formally opened in 1894. Although situated in Oneida County it is no longer a county institution but since its establishment as a State asylum receives feeble-minded persons from all the various counties of the State. Patients from Oneida County showing symptoms of mental defect are sent either to the institution at Rome or to the State institution for mental defectives at Syracuse. Discrimination is made on the basis of the age of the patient, and the general prognosis in the case.

The opening of the State Asylum for the care of the chronic insane (now the Willard State Hospital) in 1868-9 only partially solved the problem of the insane on county poor farms and it was not until the adoption of a complete system of State care of the insane by modern hospitals under what is now called the State Hospital Commission, which was begun in 1889 and finally consummated in 1895, that the insane were entirely removed from county care and maintenance.

After the purchase by the State of the original Oneida County poor farm and Custodial Asylum in 1893, the poor farm was removed to its present location and now has 331 acres of land, 300 of which is under cultivation.

The average cost of the maintenance of the inmates of the Oneida County poor farm is given as 50 cents per week in 1847. This had increased to \$1.60 per week in 1878. During the fiscal year for 1915 the cost had risen to \$3.29, while the statistics published for the official year of nine months closing June 30,

1916, shows 491 inmates cared for at an average weekly cost of \$3.07 each. (The fiscal year having been ordered changed to close June 30th in 1915-16 accounts for the period covering nine months only.) These figures are here given for their historical value only, for be it remembered that the civic welfare of the State is not measured in the red ink audits of account books but rather by the soundness of those measures under which the social hygiene of the community is developed. Although the dollar of the poor farm went over six times farther in 1847 than it does to-day, nevertheless we believe it can be said that the Oneida dollar of to-day is expended with six times the civic insight and sociologic value to the State as a whole.

The General Hospital work in Oneida County is practically all carried on in the two cities of Utica and Rome. In Utica, the Utica General Hospital, established in 1873, cares for such patients as may be sent to it by the Department of Charities. Because public hospital accommodations are thus available, rather fewer public charges are sent to the private hospitals found in these cities. These private hospitals, however, are numerous and important and in Utica are: the Faxon Hospital, which treated 1,416 patients in 1915-16 of which 61 were "free patients"; St. Elizabeth's Hospital and Home, and St. Luke's Hospital.

In the City of Rome, there is no public general hospital but a private hospital called the Rome Hospital receives and cares for such public charges as are sent to it by the Commissioner of Charities. During the official year 1915-16 this hospital cared for 453 patients, 42 of whom were public charges. At Rome also is located the Oneida County Hospital which is unique in that it is the only general hospital in the state maintained and administered by a county, but not connected with the almshouse or its management. During the nine months ending June 30, 1916, 655 patients were treated in this institution, 617 of whom were public charges. In the same period the Utica General Hospital treated 889 patients, 872 of whom were public charges.

There are in Oneida County at the present time two licensed dispensaries, the Utica Dispensary, and the Utica Dental Infirmary which is carrying on dental dispensary work. Both these

institutions are located in the City of Utica and their work is almost wholly confined to residents of that city. The county does not maintain a hospital for the exclusive treatment of tuberculosis as many counties do, but such patients upon diagnosis are received at the Oneida County Hospital at Rome and at Camp Heathmore, Utica, which is partly maintained by an appropriation received from that city.

Oneida County has provided for its children with unusual generosity. It is always a difficult and delicate problem to properly "place" a child who because of improper guardianship, loss of parents or the various untoward environmental factors of life has his whole future jeopardized. That such child is a dependent only for the reason of his helplessness due to immaturity is obvious. His status as a future social asset is not necessarily impeached. Hence it becomes not only a fine act of benevolence but a civic duty inspired by the most pleasant of humanitarian motives when the economic helplessness of the lonely or sick child is alleviated. As time goes on and the child develops it will become necessary to determine by adequate methods which of the children are to be the valuable citizens in the to-morrow of the State and their own lives; and which of the children carry deviations in organ functioning derived from ancestor peculiarities or maldevelopment of their own personality both mental and physical that will mean eventually their economic dependency on the State.

For the purpose of giving public or private relief to such dependent children Oneida County established its Board of Child Welfare under chapter 228, Laws of 1915, "in order that children may be suitably cared for in their homes by such (widowed) mothers." For the nine months of the official year ending June 30, 1916, the average appropriation per family per week was \$6.53. This means that by aid of an average of \$6.53 to each of the sixty-nine families cared for that 247 children were enabled to remain under the influence of their own mother and the home she provided. The average age of these mothers for that year was forty-one.

The Oneida County Agency for Dependent Children was originally established January 1, 1909, by the Oneida County Committee of the State Charities Aid Association. Its work was

transferred to the county during 1916. Its object was to place out and care for children who are public charges or for whom public care is asked. During the nine months of the official year which closed June 30, 1916, it had received sixteen children under its care and supervision, and had in addition under the care and supervision of its agency, 561 children in different institutions.

Concerning the Homes for Children in Oneida County we find The House of the Good Shepherd established in 1872, "for the care, maintenance and instruction of friendless, neglected or destitute children." Religious faith, Protestant Episcopal. Children who are friendless, destitute or neglected are admitted; boys under 10 and girls under 12 are received free but relatives who are able to pay are charged with the board of the children. For the official year ending June 30, 1916, out of 240 children cared for, 191 were supported by public funds, and 49 by private funds.

St. John's Catholic Orphan Asylum was established in 1834 under the management of the Sisters of Charity of the Roman Catholic Church. The object was "to maintain and support an asylum for the sustenance and education of female orphan children." For the official year ending June 30, 1916, they had cared for 280 children, 171 supported by public funds and 109 supported by private funds. Girls aged 4 to 16 years, and now boys 4 to 11 years of age are received who are destitute or who show delinquent traits.

The St. Joseph Infant Home for orphan, half-orphan, destitute and abandoned children under 8 years of age was established in 1893. Religious faith, Roman Catholic. The official year ending June 30, 1916, shows it had 161 children supported by public funds, and 103 supported by private funds.

St. Vincent Industrial School of Utica was established in 1862. Religious faith, Roman Catholic. Its object is to maintain and support an industrial school and asylum for the sustenance and education of male orphans. Boys are received who are orphan, destitute, delinquent or truant from 7 to 16 years of age, committed by magistrates or poor law officials. At the close of the official year June 30, 1916, 204 boys had been cared for, 190 supported by public funds and 14 by private funds.

The Utica Orphan Asylum was first incorporated under chapter 267, Laws of 1830, as "The Orphan Asylum Society in the

village of Utica"; re-incorporated under the Laws of 1856; the articles of incorporation amended by chapter 391, Laws of 1906. Its object was the support and education of orphan children, but the trustees may admit children who have one parent, or both parents living. Religious faith, Protestant. Orphan or destitute children are received; boys from 2 to 12 years of age and girls from 2 to 14 years of age, either committed by counties or admitted by committee. During the official year ending June 30, 1916, 147 children were supported by public funds and 47 by private funds.

There are also institutions other than those caring for children specifically. On December 12, 1866, was established under the management of Sisters of the Third Franciscan Order, the Saint Elizabeth's Hospital and Home. Here the poor are treated gratuitously but patients of means are expected to pay. The hospital department treated 536 patients for the official year 1915-16 of which 156 were "free patients." The department for the aged and infirm cared for 14 persons in the same period, all of whom were supported by private funds.

The chronicles of the county which were previously related show at what an early epoch the people of this community took an active interest in the welfare of their local dependents and in charitable work in all its various spheres. It is rather interesting to note that within the county lines are institutions caring for nearly all the ills that flesh is heir to. This brings to view the Central New York Institution for the Deaf at Rome. This institution was established January 23, 1870, for "the education of the deaf and dumb of the State of New York." For the nine months ending June 30, 1916, 113 pupils handicapped by deafness had received instruction, 109 supported by public funds and 4 by private funds. State pupils, 12 to 25 years of age, are admitted when appointed by the State Commissioner of Education. Children 5 to 12 years of age are designated by their county officers.

The question of the fact of dependency of those in penal institutions now arises. The communities have never been in the habit of looking on prisoners in jails and penitentiaries in the light of being essentially social dependents. It is perhaps time that we began to look into the civic status of such offenders with a some-

what wider vision than we have done in the past. Modern studies of inmates of penal institutions show a very considerable proportion as either definitely psychotic, mentally defective, or as having other psychopathic deviations of personality as shown in their symptom-behavior.

Certainly when a man, through maladaptation to governmental or environmental dictates, becomes in conduct anti-social, commits crime, is convicted and sentenced, he not only ceases to be a productive social asset to the State but through incarceration becomes an actual dependent for sustenance on the funds of the State, county or municipality, and is therefore a distinct social liability. Not only is he himself a social liability, but through his acts his wife, children or others dependent upon him for support are placed in precarious financial circumstances and the fact of the convict's dependency widens in most instances to embrace a whole group.

This brings out the need of accurately sifting out from the mass of all such social offenders, those who show that their symptom-behavior, (i. e., in these types their *crimes*), was dependent upon demonstrable deviations in mentality and development of personality and placing them as such under more or less permanent institutional care or extra-institutional oversight. This will necessitate the development of re-educational methods differing in type from ordinary disciplinary prison care. Criminals and delinquents should therefore receive intensive study in the light of modern knowledge which demonstrates by mental analysis that antisocial acts, as indeed all our "ordinary" symptom-behavior, depend upon deep subconscious motives which direct all activities, and that end results in symptom-behavior come to pass without the subject's being conscious of the deep ultimate trends which dominate him and determine his conduct.

The number of individuals passing through the courts for civil and criminal procedure is so great and their activities so varied that little more can be done with them in a report of this character than to make a simple statement of enumeration. In addition to this there are so many cases involving transients in the county that the material on court convictions requires much sorting to be of any value as to causes of dependency due to crime so

far as Oneida County natives or residents is concerned. The records of vagrants, hoboes, tramps, and the whole brood of the people of Wanderlust generally who happen to reach jail through the medium of the Oneida County courts have no particular value for the purposes of this survey. What would be desirable, however, would be the intensive mental analysis of Oneida County delinquents, in the light of environmental factors, which might or might not be peculiar to this county; and an evaluation of their symptom-behavior from this viewpoint in connection with studies in hereditary factors through field work. This would help to solve the question — Do individuals become psychotic or delinquent in Oneida County through inadequate adjustment to their environment per se; or do they need in addition to this for the full development of their abnormal symptom-behavior, the fact of a special type of organ weakness which has been handed down to them through ancestor germ-plasm? One answers at once that we must investigate *all* factors. Hereditary components may delimit the individual but the accidents and incidents of environment will have much to do with the originating of mental conflicts which are so important as causative factors in both psychotic, delinquent and all odd, erratic and unexplained symptom-behavior.

CHAPTER VI

THE PURPOSE AND SCOPE OF THE SURVEY

It is readily seen from the outline previously given that Oneida County presented a very good example of a community which, from its geographical situation, its history as a product of American Colonial traditions, its diverse industries and charitable enterprise, was typical of American life as a whole and particularly so of "up-state" conditions in New York. The influence of the explorer, indian, trapper, and soldier was first overlaid by the incoming of the New England Anglo-Saxon, and the Dutch. The institutions of these peoples next received the impress of the early Welsh and Celtic immigration which was followed by the Teutonic, Gallic and later more especially by the Slavonic and Italian.

Of the Welsh type, many of whom had settled in the county, a story is told. A Welsh immigrant staring wide-eyed at the sights of the city of New York where he had just landed, and thinking of Camden in Oneida County whither he was bound, was heard to say in astonishment, "And if this be New York what then be Camden town!"

Man after man of these immigrants founded homes and families which from the soundness of their stock have contributed to the sociologic assets of their county and State. Many of these people were attracted by pursuits and industries in which as workers, they contributed valuable results to the county's whole activity, yet are not well known by name for the type of their work was such that it did not tend to bring them into public prominence. This explains, therefore, why the names of many of the most worthy and industrious families in the county have not appeared in our list of paternal names which, as stated before, was taken for the most part from the published chronicles of the county's history.

It has been felt that the figures and facts as to the causes of dependency are of most value when taken from so representative a community. Other counties showing essential deviations from such figures have good reasons to look about them in order to ascertain the causes for any marked increase or decrease from the findings here given.

In making a survey of any political unit it is essential that the several districts of which it is composed should be accessible in order that field work on family histories and individual investigations should not be unduly hampered by lack of transportation facilities. Oneida County is well furnished with railroad and trolley systems and the good highways into the outlying towns were of great aid to our investigators.

It has long been felt that the judging of the intelligence capacity and making conclusions as to the normality of the ancestors of any abnormal individual under consideration has been largely a rule of thumb procedure, based usually on the deductions drawn by the investigator in the light of his general experience rather than from any very definite formulary for ancestor case-taking or the determination of ancestor mental status.

It is hoped that as increasing insight develops on the part of the interested public, both professional and laymen, that field work will be able to develop more accurate determinations of ancestor intelligence capacity as indicated by specific standardized measurements. By such methods only can the behavioristic prognosis of self and descendants be scientifically laid down. An individual found to be dependent due to inadequate social reactions on his own part should have accurate determination made of ancestor stock, if at all possible. This must be made not only in the sense of gross intelligence defect, but also in the sense of temperamental peculiarities associated with ability for judgment, attention, sustained reactions and the like and including always an estimate of the affective factors associated with the ideas directing ultimate activity. This need is particularly emphasized in dealing with family histories of groups which show individuals passing in their own locality as "normal", but which from the peculiar character of the geographical environment (noticeably in family groups found deep in inaccessible regions) raise the suspicion in the experienced observer as being individuals showing inadequate reaction to reality in a broad sense. They seem as the flotsam of the race. The flood tides of civilization have left them stranded high up on the beaches of the world. Here the weaker elements elect to remain. They seem to fear and shrink from the fiercer buffetings and conflicts which are part

of the civilization of the world of to-day. The stronger members of the family go down from the hills and find success in achievement. The ones left behind re-mate. Thus is perpetuated in remote regions those tendencies so often undesirable for world advance but the factors of which are so difficult of detection in the individual that special means alone can demonstrate them. Nevertheless, fine-spun as these deviations are, it is just these things which must be searched for and deeply studied when found if we are to eventually arrive at the ultimate causes producing behavioristic trends which lead to maladaptations to our social life, to delinquency, and to dependency. In the same way it is absolutely necessary in studying the suspected individual to keep clearly in mind the line of cleavage between reactions due to intelligence defect in a quantitative sense, and those due to deviations in affect accompanying the ideation. Symptom-behavior of the latter type may further be differentiated on the basis of constitutional disproportionate affective development, constitutional deviations in inhibitory function, and constitutional developmental peculiarities in the sense of a schizophrenia with splitting occurring in the psyche not only as to the orderly association of ideas but also between such ideation and its concomitant affect.

Methods have been developed which determine quantitative intelligence with a very fair degree of accuracy. The newer schemes include the summarizing of the results obtained into figures which have been variously designated. Such figures express the intelligence quotient which is, speaking broadly, the developmental status quo of the individual as to quantitative intelligence, and represents roughly the percentage ability of the individual for adequate mental reaction. It is determined on the basis of norms previously ascertained as to both chronological age and mental expectations.

In order that work done by this Bureau might be made useful for comparison with other investigating bodies and that its researches might comprise methods already deemed well worthy of acceptance, the scale used in making mental tests has been indicated in all work done by the investigators of this survey.

The primary object of the survey — the *causes* of dependency — has necessitated variations in the formulary for procedure as

occasion demanded. In certain instances the determination of the intelligence defect was of primary importance. In other groups there was necessity for taking psychotic deviations into further consideration as they seemed to be the prominent characteristic. The recognition of such psychotic traits as distinguished from simple mental defect is of the highest importance from the standpoint of prognosis and continued dependency. In many cases the cause of the dependency was obvious enough *per se* but search for the ultimate causes led our investigators through hill and dale, by rail, trolley, bus, carriage and motor, through cities and through wilderness trails of the foothills of the Adirondacks, hunting out and determining the mental and social status of the various members of the family of the known dependent.

As an illustration of findings necessitating field work essentially comes a list of names sent in by one investigator showing that in the Oneida County Almshouse there were 234 men and 83 women in June, 1914. Of these 234 men, 129 were classed as dependents with alcohol given as a causative factor. Of the 83 women, 5 had alcoholism given as a causative factor.

If alcoholism and drug habits are to be thought of in the light of substitutive reactions of the individual, made to take the place of some less facile reaction demanded of him but to which he is incapable of responding adequately, then such a deviation in symptom-behavior must be investigated not only as to the immediate (1) *precipitating* cause in the individual's environment, but further, the (2) *contributing* causal factors due to deviations in postnatal development of personality, and finally the (3) *ultimate* cause derived from the type of mated stock from which the individual sprang. The fact of the presence or absence of determiners in germ plasm making for social adequacy is a most vital as well as a most practical problem for the State. It was on such cases that field work played its shining role; and that not as an academic problem for discussion but as real experiences rivalling some of the thrilling episodes found in the current novels of adventure, including a train wreck as a climax. It is fitting to record here the fine esprit de corps which at all times existed in our staff of investigators and the admirable courage and rare devotion with which they undertook and carried out many tedious and exhausting tasks.

A word of explanation is due as to our methods of approaching the problem presented to us. In the first place the object of the survey was to ascertain so far as possible the *cause* of dependency. This brings us to the question: Who *are* the dependents? The question has answers both in the legal and medical sense. The law might say the dependent was one who was unable to sustain himself throughout the period of his disability and was therefore to be supported by public funds. Grant this and one finds persons who are essentially dependent in every sense but who are, through individual kindness or philanthropy, supported wholly by family or private funds and who thus never appear as public charges. In both a medico-psychological and in a psychosociological sense any or all of such individuals may be considered as dependents from a scientific standpoint when, through any of the various forms of organ weakness, defect, disease or disorder, in combination with environmental difficulties, his efficiency as a working social unit is impaired to the extent that he is unable to further adapt himself to the demands of his everyday life and its surroundings either in the sense of work and civic usefulness or in the sense of an efficient physical machine — a healthy animal.

Dependency, then, is the final gesture of symptom-behavior in an individual who has been unable to cope with the demands of reality. Many paths lead to the final exitus. Some are broad and some are narrow. The avenues along which traveled the most pressing factors for defeat differ according to ancestor delimitations, peculiarities in make-up of personality and environmental stresses. Through physical betterment and the development of auto-insight by education, and explanation of difficult problems which produce mental conflicts of more than usual intensity we see the handicapped type of individual enabled to hobble through life, but ever a potential prey to physical disease, tormented by mental conflicts, circumscribed by the limitations of possible intellectual defect and moiling to no purpose in competition for civic and commercial place. He struggles, falls, is helped, struggles on, his footsteps straight or staggering according to his ability to manage the load placed upon him. The individual who does not make the goal is the one who has not been adequately

endowed and equipped for the race in each and every part that goes to make the competent, well-balanced, up-standing human being. We all have our struggles with reality in its every sense. Some of us have not met the demands of reality as we have found it in our own particular sphere, and it is in those of us who are incapable of eventually making adequate reaction to demands made upon us, that we find the signs of social dependency. We see it in symptom-behavior in either the medical or civic sense.

The causes of dependency are then to be sought through several different sources. The problem is not a simple one; and as to the methods used for the determination of causal factors it may be well to state here that we hold no brief for any one particular method or school of study or investigation or approach. We feel that every field of investigation should be thoroughly cleared and that in this process every method and any technique of proven scientific value should be used.

The factors for dependency demonstrated in the laboratory are no longer of mere academic interest, but reach out and touch the man in the street. The clang of the fire bell dies away into the rattle of the ambulance gong. Somewhere there is a catastrophe; somewhere a man has been hurt. There is the quick vision of a row of white hospital beds, the smell of ether; then the clump, clump of crutches as he goes painfully down the sun-lit corridor — out — back to his niche — his home. His gait is a little queer. His mind is torn by torturing conflicts. His value as a social asset is gone. He has become a dependent.

To illustrate. Let us suppose a man became dependent through loss of hands in an industrial accident. The investigation of the causal factors concerned would lead us into the following fields for analysis:

- (a) the investigation of environment (properly safeguarded machinery, etc.)
- (b) the relation of environment to the individual (was relief from the hazard outside the powers of the individual).
- (c) the investigation of special training for the individual (was the individual, if *normal*, given a chance for developing adequate reactions by repetition).
- (d) the investigation of the capabilities of the individual (the determination of mental status, including determination of intel-

ligence quotient or percentage of mental normality. The determination of the physical status with especial reference to the presence of congenital defect or disorder, acquired disease or abnormal physiological reactions, i. e. muscles, nerve, etc.)

(e) the investigation of the individual's family (search for transmittable traits: epilepsy or other neuropathic and psychopathic defects.)

It is obvious that an adequate causal factor determining the accident which made a dependent out of a previously self-supporting unit may be found in any one of the five divisions a, b, c, d, or e. Not only may we find *one* factor but there are usually three casual factors in every case of dependency: (a) the *precipitating* cause — the flux of affairs and the mental and physical condition of the man at the moment of the final smash: (b) the *contributory* factors such as habit reactions, oddities, or mannerisms of thought and resultant conduct depending upon postnatal constitutional biological development and environmental pressure: and (c) the *ultimate* causal factor—the influence by presence or absence of dominant determiners inherited from ancestors. These defects thus founded in several origins express themselves in the sense of organ weakness. They may be extremely slight; in fact they may show as little more than a delayed reaction time in muscle, a constitutional deviation, physically in the sense of clumsiness, mentally in the sense of imperfect powers of perception, attention, concentration, et cetera. Take the case of the industrial accident. The man was doing his work awkwardly, let us say, (through intelligence defect); he became over-balanced while at the machine (through physical reaction defect); he suffers the accident (through environmental defect which another not thus handicapped might have escaped); he becomes a dependent. Just where are we to lay the *cause*.

To be scientifically accurate we must collect *all* the facts available in every case and analyze them to the ultimate end.

When one recalls that the population of Oneida County is about the same as the whole state of Wyoming it becomes clear that even the most superficial outline survey is a task of considerable magnitude. For this reason it became necessary to set some sort of a limitation on our investigations. It was, therefore, decided to

include only such individuals from Oneida County as had become dependent in the various State institutions coming under the powers of visitation and inspection of the State Board of Charities. This was done and the field work so far as time and facilities admitted was all done on the families of patients in these institutions. In addition to this group of dependents our work soon developed two other general groups in the sense of individuals who either as relatives of persons investigated were found to be abnormal but were living in the various communities under all sorts of conditions; and another group of individuals who in many instances were relatives of our cases but who had been admitted to other institutions under the purview of State Commissions other than the State Board of Charities. The presence of these persons, representing social dependents in these various, diversified institutions necessitated a statistical survey in the sense of enumeration at least. Letters enclosing two sheets asking the desired information concerning these Oneida County individuals were sent to over 200 institutions and public officers. The response in each instance was very gratifying and we take this occasion of thanking all those who in this manner so kindly assisted us by their cooperation. Particularly is our thanks due the State Hospital Commission through Dr. Charles W. Pilgrim, Chairman, for their most able cooperation.

In looking over the field of this survey it was thought that as the chief objective was to determine the *causes* of dependency, it was not a corollary that an enumeration of dependents was demanded. However, we have accumulated many figures that show without doubt not only the approximate number of dependents in institutions whose economic unfitness is due to mental and physical defect, but have also added to the archives of the State Board of Charities the names of hundreds of others who are either actual or potential economic failures as we have found them in our searches throughout the county.

In our field work we have endeavored to glean all the facts concerning dominant or recessive traits which would be expected to show in later generations as symptom-behavior indicating the inefficient types of society. To this end particular attention was paid to collecting data indicating mental defect, general "nerv-

ous " disorders, distinct neuropathic disorders, epilepsy, spasmodophilia, chorea (child and adult), psychopathic disorders, psychopathic reactions, including suicide, transmittable physical traits, deficiency of affective inhibition, alcoholism, drug habits, sex offender (male), sex offender (female), illegitimacy, crimes against property, crimes against persons, desultory — shiftless — wanderlust, blindness, deafness, syphilis, tuberculosis, and cardiovascular-renal disease (paralysis, apoplexy). When none of these symptoms were ascertainable the individual was considered as normal for the purposes of this survey, but was marked as normal only after an interview or convincing proof. In the great majority of those cases which could not be personally interviewed the subject was put down as "unascertained" although in many instances he was considered as normal by those who had known him. This explanation accounts for the rather large amount of ancestor data which was tabulated as "unascertained." It does not mean that we had no knowledge of these individuals in all such cases. The tabulation of our findings was therefore made on as conservative a basis as was thought to be consistent and necessary in the case.

It may be asked just why it was thought necessary to do work on school children in seeking causes for dependency. It is simply because the experience of educators and officers of institutions for the defective and delinquent types have found that the adult dependent shows a history of deviation in symptom-behavior while yet a child in school. It is in the analysis of these early deviations in children that we are able to see the potential failure and to prognosticate ultimate delinquency or other forms of dependency. If the peculiarities of conduct or unusual symptoms of any kind show in the child, let us at least ascertain the facts as they exist: mental, physical, ancestor deviation, environment. Let the status in each of these fields be determined and then our final treatment and management of such case will be comprehensive and complete.

Through the inter-relationship of all such factors from youth to old age we were led to seek what facts were available in all the various segments of the social circle. Hence we show types of dependent or potentially dependent individuals of all ages and

under all extremes of environment and institutional life. To render our findings more easily readable our tabulations seem to fall rather naturally under the following heads:

Children.

(a) Extra-institutional.

(b) In institutions { Non-delinquent type.
Delinquent type

Mental defect.

(a) In institutions.

(b) Extra-institutional.

Epileptics.

Psychotic.

Delinquent types.

Dependency and acquired disease.

Dependency and physical handicap.

Almshouse types.

CHAPTER VII

THE CHILDREN

CHILDREN IN THE PUBLIC SCHOOLS

Detecting Potential Economic Failures

The Bureau of Analysis and Investigation had long had in mind the possibilities to be derived from making a determination of mental status on the children of our public school system who through their difficulties in acquiring and grasping the studies presented in each age-grade level were special problems not only to their teachers, but also to their parents. The child usually had a vague sort of insight into his difficulties and felt more or less unhappy over his inadequacy to meet the demands placed upon him; or else had sublimated his difficulties in putting quite aside the useless struggle to acquire the "three R's" and was finding an outlet for the energy which the attempt at the mastery of book-knowledge formerly required in experimenting in the various forms of incipient delinquency.

These symptoms are usually manifested by increasing tardiness, an insubordinate, egoistic attitude toward the teacher, and others in authority over him (which may be related to underlying trends of a more distinctly psychotic nature), unruly outbreaks with tantrums, episodes of assault, and a general tendency to play truant. It must be remembered that the majority of these odd reactions toward what is usually considered one of the best opportunities of life — the getting of an education — unquestionably reflect inadequate reactions to the demands of the world of reality on the part of the individual. Truancy may be a sporadic prank, an episodic occurrence, or may take on the form of a veritable fugue — a flight away from things that seem intolerable to the subconscious trends of that particular personality. Each such case of symptom-behavior is to be studied on its own manifestations and their analysis. To this end the Bureau of Analysis and Investigation undertook to ascertain the exact mental status of pupils showing such difficulties. Through the kind cooperation of the superintendent of the public schools of Utica, Oneida

County, N. Y., psychometric tests were made during October, November and December of 1915, on twenty-three children who were then attending the various schools in the city and who by their grade retardation or other symptom-behavior presented special problems for solution.

REPORT OF TWENTY-THREE MENTAL EXAMINATIONS MADE IN
VARIOUS PUBLIC SCHOOLS OF UTICA, N. Y.

*By Catherine E. Conway, Investigator, October, November,
December, 1915*

In the following summary, chronological ages are given in Arabic numerals; mental ages are given in Roman numerals. The letters in parentheses following the names signify the school attended by each child.

B. signifies Brandegee Street School.

Bl. signifies Bleecker Street School.

F. signifies Francis Street School.

L. signifies Lansing Street School.

W. signifies Wetmore Street School.

NAME	Age	Grade	Mental age, Goddard, 1911, Revision	Case summary
139, male (B)...	10	3B	VIII.2	A backward boy mentally but should be held in the regular grade for further observation.
140, female (Bl)...	*9 7/12	2A	VII.6	Stolid, nervous child. Defective physically and is very likely defective mentally.
141, male (B)....	9 10/12	2B	VII.4	Physical defects are to be remedied, and then may make up some of his mental retardation.
142, female (Bl)...	9 0/12	2A	VII.8	Very slow, unoberving child. Retardation not enough to warrant a recommendation for a special class.
143, male (B)...	9 4/12	2A	VIII.6	Sleepy, dreamy boy, but capable of learning.
144, male (B)...	10 7/12	2A	VI.8	An indifferent, unoberving boy of the suggestive type; undeveloped sense of color, form and weight. Shows an inability to concentrate.
145, male (L)....	12 7/12	2A	VII.2	Is an apparent misfit in the regular grades.
146, male (W)....	9 9/12	3B	VIII	A very impulsive, inattentive boy with decided tendencies toward delinquency which will very likely make him a misfit even in an ungraded class.
147, male (L)....	9 10/12	2B	VII.2	A dull, indifferent boy with very little grasp on school knowledge and general information.
148, female (L)...	8 10/12	2B	VII	Dull, unresponsive and slow child. Does mechanical work well.
149, female (F)...	6/10 12	Kg.	III	Highly excitable and nervous child, defective physically and mentally. Is trainable.

* Age questioned.

NAME	Age	Grade	Mental age, Goddard, 1911, Revision	Case summary
150, female (B)...	13 3/12	Special	VIII. 8	If does not develop as a menace to other children she should be held in kindergarten until old enough for a special class.
151, female (B)...	11 3/12	2A	VIII. 4	Is only capable of doing about third grade work. Because of her advanced age the special class is the best place for her.
152, male (Bl)...	8	.....	VI. 6	Higher mental processes not well developed. Does mechanical work well. Would very likely do well in a special class. Possibilities for manual training.
153, male (W)...	7 10/12	1A	VI. 8	Does not comprehend simple directions; slow and unobserving; has poor sense of form and weight.
154, female (Bl)...	9 5/12	1B	V. 2	A tractable, amiable boy. There is a possibility of his being defective physically. This should be corrected and he should be given a chance to work out his salvation in the regular classes.
155, female (L)...	14 8/12	3A	VII. 2	A proper subject for a special class.
17, female (Bl)...	11 4/12	4B	IX	A proper subject for a special class. Although at present she tends to lower the general average of her class, she should be allowed to remain in the regular grades and with special help get as much good as she can out of the work. To be re-examined later.
156, female (Bl)...	13 1/12	4B	IX. 4	Impulsive; reasoning processes slow. Both visual and auditory memory poor and undeveloped. Her place in school is either in the third grade or preferably in a special class.
113, male (Bl)...	12 8/12	3A	IX. 2	Sullen, indifferent and impulsive boy, the defective delinquent type; too old to be with the regular third grade children; should be in a special class. To be re-examined later.
157, male (B)...	11 4/12	3A	VIII. 8	Should be placed in a special class if he disturbs the order of the regular grade. Does mechanical work well. Possibilities for manual work.
58, male (W)...	13 4/12	3B	VII. 2	A defective delinquent who should have custodial care.
159, female (Bl)...	11 2/12	2A	VII. 4	Unable to put forth the expected mental effort is dull, slow, unobserving and inattentive; is probably a proper subject for a special class.

The findings on these twenty-three cases show that all the children tested are retarded mentally. Some show, indeed, actual mental defect at the time of the examination. In the case of a few, physical defect or disorder is rather prominent as a possible causal factor of the mental retardation and before any definite diagnosis is made should receive adequate medical and surgical care. Three of these cases show decided tendencies toward delinquency and as such should receive intensive study in order to ascertain the underlying mental complex at work in each individual case and to attempt the removal of all environmental

factors in the home, the neighborhood, or the school which by arousing latent subconscious associations of idea-groups produce and keep alive mental conflicts in the child to the detriment of his present efficiency and very probably his whole future. The determination of the quantitative intelligence evaluation of the child and the further mental analysis of his difficulties is absolutely essential if we are going to be able to give him the work, study and play best suited to his capacity, and are to snatch away those who show odd symptom-behavior from the ranks of the potential or actual delinquent.

Recommendations are not to be made in all cases, especially where an adequate family history, personal anamnesis, and school record are not obtainable. In this series of 23 children several were designated for further study, particularly No. 17, female, and No. 113, male. These two cases reappear in the next series of 138 children. The series of 138 children was made about 18 months after the first series of 23. Almost the whole of two school years had elapsed — a sufficient time, in other words, in which the individuals could have shown substantial development mentally if they had been capable of doing it.

REPORT OF 138 MENTAL EXAMINATIONS MADE IN THE PUBLIC
SCHOOLS OF UTICA, N. Y.

*By Investigators G. E. Hall and Catherine E. Conway, January-
May, 1917*

REPORT OF MENTAL EXAMINATION OF SIXTEEN CHILDREN IN THE
COURT STREET SCHOOL, UTICA, N. Y.

By Investigator G. E. Hall, January 16-23, 1917

Scale used: Stanford Revision.

NAME	Physical age	Mental age	Intel- ligence quotient	Grade	Summary
24, male....	12 6/12	VIII 8/12	69	3A	A moron type. Repeating grade. Marked facial tic, or habit spasm.
25, female..	10 10/12	VII 7/12	70	3B	Mental defect; round-shouldered; some decayed teeth; bad disposition at home. Father alcoholic.
26, male..	12 5/12	VI 10/12	55	1A	Mental defect; apathetic type, gives up easily but pleased when he can do anything. Dome of head high, back of head round and large. Can barely write his name. Cannot read "was." Does not know birthday or age. Tongue fissured.
27, female..	7 2/12	VI 10/12	98	1A	Normal mind but highly temperamental. Too much of an individualist to conform to school work. Clucks her teeth. Many little airy mannerisms. Likes boys. Pretty child.
28, female...	13 11/12	IX 6/12	68	5B	Very large girl, good poise and composure; rapid reaction, easy talker. Reads rather badly for age. Newly admitted to school. Best adapted to vocational training. Border-line case.
29, female...	14	VIII 8/12	62	4B	Mental defect. Fat physically, oversized, extremely inert and lazy mentally; resists all effort, sighs heavily when at tasks, breathes hard. Reads quite well; otherwise generally inefficient. Reaction slow.
30, male....	15 9/12	VII 2/12	45	3A	Mental defect, due to syphilis. About one-third deaf in left ear. Vision very defective, corrected by lenses in Aug. 1916. Skin pasty, breath fetid, lets nose run though he has a handkerchief. Does not know whether he is Catholic or Protestant although he has been to Sunday school. Knowledge of life very limited. Plans some when working.
31, male....	9 7/12	VII 8/12	79	2A	Mentally retarded and very deficient in vocabulary. Is one-half deaf in left ear. Reaction rapid. Neatly dressed and does not appear neglected.
32, female...	13 9/12	VII	51	4B	Repeated 2A and 3B, spent three terms in 3A, and now repeating 4B. Mental defect. Lips thick and open; face thin; malocclusion of teeth; shoulders slope forward; hands cold; face flushed; marked tremor of tongue when extended;

REPORT OF MENTAL EXAMINATION OF SIXTEEN CHILDREN IN THE
COURT STREET SCHOOL, UTICA, N. Y.—*Concluded*

NAME	Physical age	Mental age	Intelligence quotient	Grade	Summary
33, male....	12 8/12	VI 8/12	52	3B	tremor of fingers; stares for long periods without winking; mind gets blocked; willing to do as asked but uncommonly slow. Reading a monotone. Physically, and probably mentally defective. Very deaf. Fact not noted on school health card. Mouth breather. Snores at night. Tongue fissured. Repeated 1A, 1B, three terms in 2A; now repeating 3B. Should have ears examined.
34, female...	11 7/12	IX 10/12	85	4A	Lacks push, not eager or affectionate. Not good at manual work; better adapted to book work. Does not exert herself at school.
35, male....	10 2/12	IV 9/12	47	1B	Mental defect; incapable of school work; three and one-half years in grade 1B. Blundered dully on easy things. When asked to open mouth and stick out tongue seemed not to know how to obey the direction.
36, male....	11	VIII 8/12	78	2B	Keen, alert, lively manner; very observing gamin type. Not feeble-minded. Careless about details. Hands chapped and grimy, nails short and neglected, teeth yellow; no toothbrush.
37, female...	10 9/12	IX	84	3A	Pretty girl; sticks well to job and makes a good impression, but repeats grades. Would seem normal if one did not know the disparity between her physical and mental ages. Probably a moron.
38, male....	13 3/12	VIII 6/12	63	3A	Mental defect. Voice kooky and whispering. Head rolls on axis, eyes rolling sockets. Pleasant lad; well-developed. Had mental habits. Has rabbits but lets his mother feed them.
39, female...	9 11/12	VIII 10/12	80	3B	Reacts quickly if she knows. Probably physical ailments make her backward. Eyes not on level, skin yellow, lips hardly cover teeth. Claims to have had acute Bright's disease.

SUMMARY

9 essentially actual mental defect.

1 border-line.

5 retarded and need further observation and repeated examinations.

1 normal (No. 275, female).

Nos. 34, female, 37, female, and 39, female, need special care as they have latent possibilities.

REPORT OF MENTAL EXAMINATION OF TWELVE CHILDREN IN THE
SPECIAL CLASS VOCATIONAL SCHOOL, UTICA, N. Y.

By Investigator G. E. Hall, January 24-26, 1917

Scale used: Stanford Revision.

NAME	Physical age	Mental age	Intelligence quotient	Summary
104, male....	13	VIII 8/12	66	Probably epileptic as well as mentally defective. Good general knowledge and good sense of humor. Has some insight into his mental condition. Capable of self-support so far as mentality is concerned.
105, male....	13 10/12	VII 10/12	57	Undersized physically but no special stigmata. Mental defect. Attention good on tests but memory deficient. A chronic liar.
106, male....	14 1/12	VI	43	Imbecile, low grade mental defect. Silly grin. Fond of girls. Needs custody.
107, female...	15 3/12	VII 8/12	50	A mental defective; nearly if not quite microcephalic. Big tonsils, throat full, voice cracked and whispery; hearing dull for English words. Can barely read and write. Mother called "insane."
108, female...	15 3/12	VIII 4/12	55	Undersized, round-shouldered, large tonsils, eyes hurt sometimes. Can't read very well, but has a rich imagination. Remembers well what she reads; reacts well generally and seems livable. Benign type of mental defect.
109, male....	14 3/12	VIII 8/12	60	Mental defective, probably psychopathic; tendency to crime. Big and strong, might make a good farm laborer. Weak face; easily influenced. Was a patient at Rome State Custodial Asylum and discharged.
110, female...	10 7/12	IV 6/12	42	Low grade mental defect, imbecile. Echolalia. Absent-minded. Forehead bossed; hips deformed (rickets). Custodial case.
111, male....	12 1/12	VII 3/12	60	Mental defective. Slow, does not make much effort. Cannot read. Was run over and spent two and one-half years in hospital.
112, male....	14 10/12	VIII 8/12	58	Mental defective and probably psychopathic. Over-active in his reactions. Wants his way and sulks if he cannot have it. Impulsive. Motor coordination swift and accurate. Will make a good piece-worker. Draws well, good penman. Can make change.
113, male....	13 1/12	IX 4/12	71	Second examination. High grade mental defective probably, but also psychopathic. Very unstable. Reaction rapid, lacks patience. Reckless. Fast talker. In danger of becoming a confirmed delinquent.
114, female...	15 5/12	VIII 4/12	54	Mentally defective and sexually excitable. Neck full, head narrow, limbs short, wrists wide. Enormous tonsils. Said to steal. In danger of becoming a prostitute.
115, male....	11½	VI 6/12	60	Small, but rather manly appearing. Head bulges at top of forehead, stricture below. Rickets. (Birth injury?) Poor in drawing and slow on form-board.

SUMMARY

12 mentally defective.

1 epileptic.

3 psychopathic.

Probably it would be best for the State if every one of these 12 children were placed in permanent custody, for some are too low grade to earn a living, and all the brighter ones are potential delinquents. All are interested in sex matters now.

REPORT OF MENTAL EXAMINATION OF SEVENTEEN CHILDREN IN
THE BRANDEGEE STREET SCHOOL, UTICA, N. Y.

By Investigator Catherine E. Conway, January, 1917

Scale used: Stanford Revision.

NAME	Physical age	Mental age	Intelligence quotient	Grade	Summary
7, male....	11 10/12	VII 5/12	62	Special	Defective mentally and possibly physically. Appears anemic. Has made very little mental progress in a year and a half. Mental defect.
8, male....	7 11/12	III 8/12	46	1B	Unresponsive, dull and slow, does not appear as defective as the results of the tests indicate. His retardation at this age makes his language difficulty very great. Mental defect.
9, female...	10 5/12	VII	67	Special	Effort good. Is mentally incapable of solving problems requiring concentrated thought. Under-nourished. Mental defect.
10, male....	6 10/12	V	73	1B	Impulsive and inattentive; does not visualize. May show greater retardation as he grows older. Border-line case of mental defect.
11, male....	11 7/12	VII 4/12	61	Special	Unresponsive. Unfamiliar with common objects; unobserving; unable to follow directions readily. Mental defect.
12, male....	7 6/12	VI	80	1B	A case of retarded development. Is inattentive and does not follow directions readily. Is probably suffering from mal-nutrition. Border-line mental defect. Physical status to be improved.
13, male....	13 3/12	VIII 1/12	61	Special	Dull, sullen and indifferent boy. Does mechanical work well and shows considerable interest doing it, hence he gets along well in the special class. Mental defect.
14, female...	11 8/12	VII	60	Special	Effort good; learning processes very slow; does good work on problems involving rote memory. Form perception not well developed. Is probably suffering from malnutrition. Mental defect.
15, male....	11 5/12	VII 8/12	67	Special	Stolid; heavy type mentally. Unobserving and unable to follow directions readily. Mental defect.
16, female...	11 5/12	VI 10/12	59	3B	Unobserving and unable to reason simple eight and nine-year problems. Unable to follow directions readily. Memory, both visual and auditory, undeveloped. Mental defect.
17, female...	12 9/12	IX 3/12	72	5B	Second examination. Now shows definite signs of mental defect. A neurotic type, dull and unresponsive; impulsive. Visual and auditory memory undeveloped.
18, female...	14 3/12	VII 4/12	51	4B	Language difficulty appears to be greater than with most children of her type, which makes it difficult

REPORT OF MENTAL EXAMINATION OF SEVENTEEN CHILDREN IN
THE BRANDEGEE STREET SCHOOL, UTICA, N. Y.— *Concluded*

NAME	Physical age	Mental age	Intel- ligence quotient	Grade	Summary
19, female...	11 10/12	VII	59	3B	to comprehend directions and instructions. Mental defect.
20, male....	12 8/12	VIII 4/12	61	4B	Slow and apathetic; unfamiliar with common objects; unobserving. Number sense poor. Mental defect. Has reached his limit mentally.
21, male....	11 1/12	VI 8/12	60	.....	Is bored by school work which is to be expected, for the grade work is beyond his comprehension. Associations very slow. Suggestible. Visualizes well. Mental defect.
22, female...	12 2/12	IX 1/12	74	3B	Excluded from school because of physical defects and bad example to other children. Physically and mentally defective.
23, male....	11 8/12	VIII 4/12	71	4B	Slow and unresponsive; amiable; effort good but fails on problems involving concentrated thought. Border-line case of mental deficiency.
					A defective delinquent. Does not adapt himself to new situations readily. Does mechanical work well; memory span only four digits, should be six or seven. Probable mental defect.

SUMMARY

With the exception of No. 10, male, No. 12, male, and No. 22, female, who are border-line cases of mental deficiency, all of the above children are to be considered mental defectives. They are all grade repeaters and when in the regular grades tend to lower the average of the classes. With a limited mentality such as they have, their language difficulty is very great and it takes them from three to four times as long, and longer in some instances, to grasp directions and instructions given them, than would be the case with normal children.

REPORT OF MENTAL EXAMINATION OF THREE CHILDREN IN THE
SPECIAL CLASS, POTTER STREET SCHOOL, UTICA, N. Y.

By Investigator G. E. Hall, February 7, 1917

Scale used: Stanford Revision.

NAME	Physical age	Mental age	Intel- ligence quotient	Summary
89, female...	11 5/12	IV 6/12	39	Imbecile. Custodial case. Feeble-minded; slow and quiet. Likes to draw and do hand work. Adenoids and tonsils removed. Teeth bad. Feeble-minded. Peasant type. Head poorly shaped. Nits. Tonsils seem large. Teeth good.
90, male.....	12 6/12	VIII 2/12	65	
91, female...	14 11/12	VII 3/12	61	

SUMMARY

Three cases of mental defect, one particularly of low grade.

REPORT OF MENTAL EXAMINATION OF TEN CHILDREN MADE IN
THE JAMES KEMBLE SCHOOL, UTICA, N. Y.

By Investigator Catherine E. Conway, February 5, 6, 7, 1917

Scale used: Stanford Revision.

NAME	Physical age	Mental age	Intelligence quotient	Grade	Summary
49, male....	10 3/12	VIII 4/12	81	2B	Restless, distractible type; mentally sufficient to warrant his being able to do 2B work. Nervous, excitable temperament.
50, female....	10 0/12	VII 8/12	76	3B	Has almost reached her limit mentally. Will show greater retardation as she grows older. Is left-handed and has a speech defect. Subnormal.
51, male....	8 3/12	VII 10/12	94	2B	Normal mentally, but defective physically. Handicapped by a speech defect.
52, female....	9/10/12	VII 2/12	72	3A	Physically defective with a possible mental defect. Very timid, shows little initiative.
53, male....	10 2/12	VIII 2/12	80	3A	Very slow, backward boy. Has made very little progress in fourteen months. Reading poor; vocabulary limited.
54, male....	9 9/12	VIII 2/12	85	2A	Has an eye defect which is not corrected; speech also slightly defective. Mental condition may be improved with the correction of physical defects.
55, female....	13 9/12	XI 6/12	83	4A	Did especially well on memory tests; failed on problems of concentrated thought. Subnormal.
56, male....	8 3/12	VI 8/12	80	2B	Quite a backward boy mentally; apathetic type; might improve if interest could be aroused.
57, male....	12 9/12	IX 8/12	75	5B	Probably deaf in the left ear. Border-line case of mental deficiency.
58, male....	10 10/12	VII 4/12	73	3B	Has probably reached his limit mentally. Very little mental progress in sixteen months; will show greater retardation as he grows older.

SUMMARY

Only one child (No. 51, male), has the intelligence quotient of the average normal expectations for children of his age. In his case he is further handicapped by a physical defect. Five are distinctly slow mentally and four are border-line cases, but no decision should be made until all physical defects or disorders are corrected as fully as possible.

REPORT OF MENTAL EXAMINATION OF THREE CHILDREN IN THE
BLEECKER STREET SCHOOL, UTICA, N. Y.

By Investigator G. E. Hall, February 13, 1917

Scale used: Stanford Revision.

NAME	Physical age	Mental age	Intelligence quotient	Summary
4, male.....	9 11/12	VII 8/12	77	Not mentally defective, but greatly hampered by poor environment. Family always being helped. Mother found sick on two chairs while father was in the bed. Vocabulary difficulty. Lips thick and open. Adenoids. Has a little glass of wine every day and half a glass of beer most every night. Reads fairly well. Forehead low and broad.
5, female....	11 7/12	VII	60	Mental defect, ought to be in custody. Anaemic, skeleton out of shape, bends far forward when walking, shoulders high and square, chest misshapen, rickets. Broad mouth, silly helpless grin. No grit or ability. Frowns over every hard thing and says, "I can't." Diamond earrings, pink bow, gingham dress trimmed with lace. Strong eye-glasses, frames bent. Low palate, good tongue. Doctor says adenoids. Says she can hear watch which is not going. Language difficulty. Wrists small. Considered anaemic. Says father is not sick but does not work. She drinks wine.
6, male.....	11 6 12	VI 7/12	57	Mental defect, and a constitutional inferior. Much undersized. Great language difficulty. Forehead low, shoulder blades project, tongue unfissured, hands cold, nose broad on bridge. An appealing child who seems to have no chance to develop normally. Judgment fairly good. Ought not to make a delinquent.

SUMMARY

One (No. 4, male), shows retardation due to poor opportunities and environment. Needs help by social workers at home as well as in school.

The two others are both mental defectives; No. 5, female, shows tendency for delinquency through early alcoholic indulgences.

REPORT OF MENTAL EXAMINATION OF SEVEN CHILDREN IN HAMILTON STREET SCHOOL, UTICA, N. Y.

By Investigator G. E. Hall, February 14, 1917

Scale used: Stanford Revision.

NAME	Physical age	Mental age	Intelligence quotient	Grade	Summary
40, male	7 10/12	VI 5/12	82	2B	Backward, due perhaps to hard birth. Physically well-nourished, tongue unfissured; fingernails bitten; right ear defective in shape; slight internal strabismus; defective sight; lenses.
41, male	6 11/12	VII	101	1	Normal intelligence. Slight remnant of baby talk. Hair grows low on forehead.
42, male	12 5/12	IX 4/12	75	5B	Border-line case. Hurries so fast that he spoils his work. Loves games, nimble gamin type.
43, male	10 1/12	VIII	79	2B	Border-line case. Nose dirty and running; teeth dirty; no toothbrush; big groove in tongue. Smells of urine. Severely punished at home.
44, female . . .	8 5/12	VI 2/12	73	2B	Probably mentally defective. Physical status should be improved. Attention and ability poor. Tongue coated, eyes not on level, teeth large and dirty; no toothbrush. Flat-chested; forehead high and square. Widowed mother has pension from county.
45, female . . .	10 8/12	VIII 8/12	81	3B	Backward. Sight and hearing not perfect. Evidently rather nervous. Ability uneven, but makes good effort on hard things.
46, male	9 8/12	VII 4/12	76	1A	Border-line case. Defect perhaps due to shock to mother when father died in an explosion before subject was born. Pretty, well-dressed, attractive manner, good sense of humor. One would not know he was backward unless one knew the difference between his physical and mental ages.

SUMMARY

1 normal.

2 slow; No. 40, male, probably retarded permanently as there is no marked physical defect. No. 45, female, needs attention to physical health, refraction errors, ears and teeth.

4 border-line.

REPORT OF MENTAL EXAMINATIONS OF TWO SCHOOL CHILDREN AT THE JAMES KEMBLE SCHOOL, AND THE BRANDEGEE STREET SCHOOL, RESPECTIVELY, UTICA, N. Y.

By Investigator G. E. Hall, February 16, 1917

Scale used: Stanford Revision.

NAME	Physical age	Mental age	Intelligence quotient	Grade	Summary
47, female...	12 8/12	VII 4/12	61	Special	Has made no mental progress in two years. Mental defect. Needs custodial care.
48, female...	12 10/12	IX 7/12	75	4A	Tested at request of court. Seems not feeble-minded, but is retarded, due partly to unfavorable environment. Parents beat her. She is a delinquent, but it seems needless that she should be for she is able to cooperate well, and she responds well to kind treatment. Now on probation.

SUMMARY

- 1 mental defect.
- 1 border-line. Environment needs attention by social worker.

REPORT OF MENTAL EXAMINATION OF FOUR CHILDREN IN THE
LANSING STREET SCHOOL, UTICA, N. Y.

By Investigator G. E. Hall, February 15-16, 1917

Scale used: Stanford Revision.

NAME	Physical age	Mental age	Intelligence quotient	Grade	Summary
69, male....	14 5/12	IX 5/12	65	4A	Feeble-minded, low moron. Well-developed physically; no moral sense. Given up to life of pleasure, movies, candy, cigarettes every day, up late nights, arises at 8:40 mornings. Often late to school. Gambles, plays pool, visits saloons, ornaments street corners, threatens to give anyone a "gun" who interferes with him, says there will be another Millstein case. Time spent in school is wasted. Wants to be at work, to earn more money for his pleasures.
70, male....	12 8/12	VIII 9/12	69	3A	Pathological case, excessive temper. Told his teacher, "You shut your mouth or I'll punch your face." Father does not want him to drink any water, but boy resists beer and whiskey. Very amiable when he is not vexed. Gets mad without sufficient cause.
71, male....	14 5/12	VIII 7/12	60	3A	Mental defect. Has a practical mind, interested in business and industry. Not adapted to book work. Time wasted on reading.
72, male....	14 6/12	VI 11/12	48	2A	Bad mental defect; custodial case. Not adapted to public school. Paralytic. Never can earn living.

SUMMARY

Nos. 69 male, 70 male, and 72 male, need specialized institutions.

No. 71 male, although mentally defective, seems not to be a potential delinquent, and should receive vocational training.

REPORT OF MENTAL EXAMINATION OF SEVEN CHILDREN, MADE
AT THE JAMES KEMBLE SCHOOL, UTICA, N. Y.

By Investigator Catherine E. Conway, March 14 and 15, 1917

Scale used: Stanford Revision.

NAME	Physical age	Mental age	Intelligence quotient	Grade	Summary
62, female...	7 1/12	VII 2/12	101	1B	Is normal according to tests, but is not as bright as the average seven year old child; is very slow; mental processes seem sluggish. Needs care.
63, female...	11 10/12	VII 4/12	61	3B	A mental defective who has practically reached her limit mentally. Amiable, slow type. No noticeable mental progress in two years.
64, female...	13 5/12	VIII 8/12	64	3B	A mentally defective girl who is not capable of making further mental progress. Tractable type. Decided lack of vocabulary with inability to read simple sentences well.
65, male...	12 9/12	XII 3/12	96	6B	Normal mentally, has lost work through nervousness and frequent changing from one school to another. Requires sympathetic attention from teacher.
66, male...	11 11/12	IX 9/12	81	3A	Nervous, inattentive and restless type. Has sufficient mentality to warrant his being able to do 3rd grade work.
67, female...	12 3/12	IX 1/12	74	Special	High grade mental defective girl of slow, dull and suggestible type. Number sense poor.
68, male...	8 6/12	VI 2/12	72	Special	A highly excitable, distractible boy who requires strict discipline in order to be kept in school. Is capable of doing some work if his attention could be held.

1

SUMMARY

Of the seven subjects, four are proper subjects for special class work. They are Nos. 63, female, 64, female, 67, female, and 68, male. Because of her age it would be well to hold No. 62, female, in the regular grades until she shows greater mental retardation. Number 66, male, is a backward child but unless he is holding the other members of his class back he should be allowed to continue in a grade with normal children. Any trouble No. 65, male, may have caused has been due to defect or disorder in physical status.

REPORT OF MENTAL EXAMINATION OF SIXTEEN CHILDREN, MADE
AT SCHOOL NO. 21, UTICA, N. Y.

By Investigator Catherine E. Conway, April 17-20, 1917

Scale used: Stanford Revision.

NAME	Physical age	Mental age	Intelligence quotient	Grade	Summary
116, male...	7 6/12	V 4	71	1B	Distractable type. Will probably show greater retardation as he grows older.
117, male...	7 8/12	VII	91	1A	Is more backward mentally than the results of the tests show. Does not visualise, is unobserving and is unable to plan simple problems.
118, male...	12 0/12	IX 2/12	76	3A	A border-line case of mental deficiency. Unable to plan simple eight and nine year problems involving planning or reasoning.
119, male...	10 9/12	VIII 2/12	77	3B	Sluggish mentality; makes very little effort.
120, female...	10 9/12	VI 4/12	63	2A	Mental defect; unfamiliar with common objects; unobserving and distractible.
121, male...	13 11/12	X 9/12	77	5B	Vocabulary limited; cannot handle abstractions; appears like a boy whose previous training has been neglected.
122, male...	8 1/12	V	61	1B	Mentally defective and appears defective physically; speech defective.
123, male...	8 11/12	VII 2/12	80	1A	Slow but persevering. Handicapped by a speech defect.
124, male...	7 9/12	VI 2/12	79	1A	Retarded mentality; speech defective.
125, male...	11 0/12	IX 1/12	82	3B	Cooperation good but is very slow; appears defective physically.
126, male...	12 6/12	VIII 6/12	68	3A	Mental defective; has a slight speech defect.
127, male...	7 2/12	III 8/12	51	1B	Mental defective; distractible type; speech defect.
128, female...	11 7/12	VII 6/12	64	2B	Mental defective. Poor home training and care exaggerate her condition. Speech defective.
129, female...	15 2/12	VIII 8/12	56	4B	Mental defective and uncared for physically.
130, female...	8 5/12	VII	83	2B	Reactions subnormal; is not responsive and is inattentive.
131, male...	14 1/12	VIII 8/12	61	3A	Mental defective; condition exaggerated by poor home training and care, and irregular attendance at school.

SUMMARY

Of the seventeen cases none is of average normal ability for a child of his age, except possibly No. 117, male, who is of the dull, plodding type and may later develop.

Three may be considered simply retarded cases for the present, but the outlook for much further development is not good.

Five are distinctly border-line to say the least.

Seven are actual cases of mental defect.

REPORT OF MENTAL EXAMINATION OF THREE CHILDREN IN THE
BLEECKER STREET SCHOOL, UTICA, N. Y.

By Investigator G. E. Hall, April 24, 1917

Scale used: Stanford Revision.

NAME	Physical age	Mental age	Intelligence quotient	Grade	Summary
1, female...	10	VI	60	2A	Probably feeble-minded, but afflicted with very large tonsils which should be operated upon, and she has language difficulty. Bites fingernails. Slightly deaf, teeth carious. Ears thin. Speech defective because of faulty throat formation. Parents punish her and she is cruel to other children. Special class recommended.
2, male.....	13 1/12	VI 10/12	52	2A	Feeble-minded. Tongue trembles a little when extended; scowls and shakes head over difficulties. Upper teeth overlap some, very dirty, no toothbrush. Forehead low. Speaks Italian at home. Failed badly on test A. Doctor reports tonsils enlarged. They could not be seen because of position of tongue. Ears large. Very dull. Special class recommended.
3, female...	10	VII 6/12	75	2A	Border-line case. Ill-treated at home. Stocky, well-built, keen. Reads well, but poor in number work. Behavior not good. Large tonsils; fingernails very short. Fond of hand work. Ought to succeed better than she does with grade work. Sixty in grade and she cannot have much special attention.

SUMMARY

2 mental defect.

1 border-line. Environment needs social worker.

REPORT OF MENTAL EXAMINATION OF ELEVEN CHILDREN IN THE
MARY STREET SCHOOL, UTICA, N. Y.

By Investigator G. E. Hall, April 25-27, 1917

Scale used: Stanford Revision.

NAME	Physical age	Mental age	Intelligence quotient	Grade	Summary
75, male....	13 11/12	VIII 10/12	63	5B	Mental defective, but not a menace. Earns \$5 a week selling papers. Ready talker. Should go to work as soon as law allows.

REPORT OF MENTAL EXAMINATION OF ELEVEN CHILDREN IN THE
MARY STREET SCHOOL, UTICA, N. Y.—*Concluded*

NAME	physical age	Mental age	Intelligence quotient	Grade	Summary
67, male....	9 7/12	VII	73	2B	Sickly looking; hands badly chapped, has a cold all winter. Nervous; bugging head; Border-line case. Repeats grades. Poor student.
77, female...	14 11/12	VIII 2/12	55	6B	Mental defect. Obese; constipated; slightly deaf; cervical glands enlarged; hands sometimes "go to sleep." Fourth finger longer than second. Gets "dizzy" easily, fainted once and bumped her head. Teeth poorly enameled and spaced far apart. Menstruated at 12 yrs. Fully developed physically. Talks in her sleep. Easily frightened. Cried easily. At times unhappy without cause. All of these symptoms point to some disfunction of the ductless glands.
78, male....	11 9/12	IX 4/12	80	6B	Border-line case. Rapid reaction. Slightly deaf; adenoids. Knows some of three languages. Earns some money as a shoe-black. Worried some, and probably punished hard at home.
132, male...	14	X 6/12	75	5B	Probably mentally defective, also psychopathic. Steals. Twice in Industrial School. Unhappy. A truant, hard to manage in school, sudden bad temper. Prognosis bad, as there is little to build on.
133, female..	12 8/12	VIII 2/12	64	4B	Enormous tonsils; pretty face; scatter-brained; up late nights; reads well but can't do long division. Goes to movies twice a week with other children. Morals will soon be in danger. Mental defective.
134, male...	11 5/12	IX 9/12	85	6B	Dull and sensitive. Adenoids removed in 1914. Small mouth, outstanding ears; slightly deaf and has had diphtheria and scarlet fever. In danger of becoming antisocial. Not fitted to be in a hall of 150 pupils as he is. Should be in smaller grade where the teacher could study him.
135, female..	12 11/12	VI 4/12	49	3A	Mental defective and psychopathic. Long jaw; tongue seen between teeth; nose fat; ears very small; lobes of ears adherent; fingers blunt; thyroid gland full; edema of eyes; moist stubby hands; red, wrinkled skin; tongue unfissured. Probably myxedema. Disfunction of thyroid and perhaps other glands. Slow and dull. Bad inheritance.
136, male...	11 1/12	IX 2/12	83	3A	Dull, repeats grades. Eyes far apart, dome of head narrow, ears pale, tongue big, long and coated; hands moist and tapering.
137, male...	10 7/12	VIII 4/12	79	2B	A sickly, restless boy of uneven ability. Hair very heavy, face narrow and pale, enlarged cervical glands, tubercular (?).
138, male...	13 10/12	IX 10/12	71	3B	Mental defective. Nails bitten and dirty. No eyebrows. No hair on arms or in axillae. Teeth large and spaced apart. One of 17 children. Color poor. Unkempt. Some glandular disorder. Drinks some beer.

SUMMARY

None normal.

3 slow mentally; all need care and treatment for removal of physical defects and disorders.

4 border-line cases; need care as to physical health; 132, male, needs attention for psychopathic trends.

4 mental defect; all not potential delinquents if under proper care; No. 75, male, will proably do well under proper environmentsuited to capacity; Nos. 77, female, and 135, female, need medical attention and examination of endocrine system.

REPORT OF MENTAL EXAMINATION OF THREE CHILDREN IN THE SOUTH STREET SCHOOL, UTICA, N. Y.

By Investigator Catherine E. Conway, May 5, 1917

Scale used: Stanford Revision.

NAME	Physical age	Mental age	Intelligence quotient	Grade	Summary
92, male....	12 9/12	XII 1/12	94	4A	A boy who has acquired lasy mental habits. Is doing poor fourth grade work when he has the mentality to do at least fifth grade work. Lack of proper discipline at home is probably the cause of his backwardness in school. Reacted almost normally to the tests.
39, male....	13 11/12	VIII 10/12	59	5B	A mentally defective boy who has reached his limit mentally. Makes a good effort but is incapable of doing good work beyond the eight and nine year expectations.
94, ma e....	12 2/12	VIII 7/12	70	3A	Mentally defective boy of the high grade and amiable type. Effort good and does well on mechanical and rote work; fails on problems of reasoning and planning.

SUMMARY

2 mental defect; No. 93, male, now at his limit; No. 94, male, not a potential delinquent. Needs vocational manual work,

1, No. 92, male, bad mental habits, intelligence capacity normal but needs prophylactic care to avoid a psychosis or allied reactions.

REPORT OF MENTAL EXAMINATION OF NINE CHILDREN IN THE
UNION STREET SCHOOL, UTICA, N. Y.*By Investigator G. E. Hall, May 7-9, 1917*

Scale used: Stanford Revision.

NAME	Physical age	Mental age	Intelligence quotient	Grade	Summary
95, male...	13 6/12	XII 5/12	92	7A	Nervous mother. Child's eyes somewhat crossed; facies suggests a ductless gland case, or possibly petit mal. Lips thick and open, bridge of nose sunken, nostrils open forward. Wants to be a baseball professional but cannot even get on the school team on account of his studies. Normal, but not an average pupil. Eyes defective.
96, female...	14 7/12	IX 9/12	67	7B	Complete ptosis of both eyelids, has worn glasses since Nov. 1916. Teeth carious and uneven. Quite defective physically. Mental defect.
97, male...	14 8/12	XIII	90	7B	Handsome Italian lad. Looks straight at one. Has been under influence of bad boys, may have learned bad sex habits. Normal and should succeed in school.
98, female...	16 8/12	XIII 5/12	81	7A	Dull; probably astigmatism; has weak back possibly due to kidney trouble. Needs medical attention and general grooming, as she has just arrived from the country. Reaction slow. Face rather apathetic.
99, female...	15 6/12	XII 6/12	80	8B	Pretty, nice-mannered; a well-developed girl. Parents desire her to go to Academy but she probably lacks the mentality to do well there.
100, male...	13 10/12	XIV	101	8B	Born abroad. Has an English vocabulary of 10,800 words. Reaction very rapid. Discipline difficult. Has friction with teacher in those subjects he knows he ought to do the best. This irritates him especially as he desires to be a scholar. Reads extensively. Is small physically and disposition rather unpleasant.
101, female...	14 9/12	XIII 8/12	92	7A	Normal; good vocabulary. Needs motivation and she will make a good scholar. Has been wasting her time, and neither she nor the teachers have expected much from her.
102, male...	12 9/12	XIV 8/12	115	7B	(Tested by Bureau for purpose of comparison). Superior intelligence, good sense of humor; holds head up well. A small boy; probably adenoids. Tonsils hypertrophied, soft palate long; somewhat nervous. Plays the violin.
103, female...	14 9/12	X 1/12	78	7A	Dull. Takes music lessons. Rather nervous. Probably cannot pass the Regent's. Upper teeth project. Vocabulary poor. Ideas seem hazy.

SUMMARY

5 normal but need direction and care.

3 rather dull and backward.

1 mental defect, physical defect and disorder.

REPORT OF MENTAL EXAMINATION OF TEN CHILDREN TESTED
AT THE POTTER STREET SCHOOL, UTICA, N. Y.

By Investigator Catherine E. Conway, May 8 and 9, 1917.

Scale used: Stanford Revision.

NAME	Physical age	Mental age	Intelligence quotient	Grade	Summary
79, male....	9 3/12	VI 6/12	70	1A	Slow, dull and unresponsive. Amiable type. Mental defect.
80, male....	8 plus	V 4/12	65	1A	Same type as brother, above. Effort good. Mentality lacking. Mental defect.
81, female...	10 11/12	VII 8/12	70	Un-graded	Disagreeable and destructive type. Lacks perseverance. Product of poor environment and bad heredity. Mental defect.
82, female...	10 3/12	VI	58	Un-graded	Slow, quiet and amiable type; unob-serving. Memory poor. Mental defect.
83, male....	12 5/12	VII 10/12	63	Un-graded	Heavy, stolid type mentally. Is sug-gestible. Vocabulary limited. Mental defect.
84, female...	13 11/12	VI 10-12	49	3B	Besides being mentally defective she is probably epileptic. Reactions simple and childlike. Amiable type. Should have medical atten-tion.
85, male....	7 7/12	V 8/12	74	1B	Mental defect, border-line. A case of arrested development. May show greater retardation as he grows older.
86, female...	15 2/12	VI 2/12	40	Un-graded	Her mental limitations make her language difficulty great. Mental defect. A custodial case.
87, male....	15 8/12	X 7/12	63	Un-graded	Impulsive, excitable type. Unable to visualize. Appears defective phys-ically. Mental defect.
88, male....	7 8/12	V 5/12	60	1B	Effort not good; sullen type; loses in-terest in work; unob-serving; Mental defect.

SUMMARY

With the exception of No. 85, male, who is a border-line case of mental deficiency, all of the other children are considered essentially to be mental defectives and proper subjects for special class work if they are not already doing it. With limited mentalities such as these children have, their vocabularies are limited, their memory work is poor, and they are unable to plan or reason problems as they are presented in the regular grades.

REPORT OF MENTAL EXAMINATION OF TWO CHILDREN, MADE IN
MANDEVILLE SCHOOL, UTICA, N. Y.

By Investigator G. E. Hall, May 9, 1917.

Scale used: Stanford Revision.

NAME	Physical age	Mental age	Intelligence quotient	Grade	Summary
73, male....	11 3/12	X 7/12	94	5B	Teeth spaced some. Eyes wide open. Defective vision. Somewhat nervous. Normal child. Nocturnal enuresis.
74, female....	9 1/12	X 8/12	116	3A	Superior child. Teeth widely spaced. Has earache and probably adenoids.

SUMMARY

2 normal as to quantitative intelligence capacity. No. 73, male, shows evidence of a neurosis; physical defect and disorder should be corrected. No. 74, female, should receive treatment and care for physical disorder.

REPORT OF THREE MENTAL EXAMINATIONS MADE AT THE JAMES
KEMBLE SCHOOL, UTICA, N. Y.

By Investigator Catherine E. Conway, June 15, 1917.

Scale used: Stanford Revision.

NAME	Physical age	Mental age	Intelligence quotient	Grade	Summary
59, female....	15 7/12	VIII 8/12	55	Special	Typical mental defect. Spastic gait; speech defect. Reactions quite infantile. Does not adapt herself to new situations readily; free associations very slow; unable to plan.
60, male....	12 11/12	X 5/12	80	Special	A case of arrested development due in all probability to a defective physical condition. Appears undernourished and his mouth-breathing suggests some nasal or throat defect. Requires medical attention
61, male....	9 3-12	VII 5/12	80	Special	A nervous, excitable type of boy who is just beginning to show mental retardation; makes very little effort; requires constant urging in order to keep his mind on the problems at hand.

SUMMARY

1, No. 59, female, mental defect.

2 are slow mentally; No. 60, male, due essentially to physical defect. No. 61, male, shows symptoms of a psycho-neurosis and needs prophylactic care by a psychiatrist. Will very probably not develop further mentally, and may even deteriorate.

REMARKS ON THE FINDINGS OF THE MENTAL EXAMINATIONS OF
OF THIS SERIES OF 138 CHILDREN.

By GERTRUDE E. HALL, *Investigator*.

These examinations were made during the months January to May, 1917. The Stanford Revision of the Binet-Simon Measuring Scale for Intelligence was used and the mental quotients were obtained by dividing the child's mental by his physical age. A child of seven who measured seven mentally would have an intelligence quotient of 100 and would be just at age. Average children usually have an intelligence quotient from 90 to 110. Those with an intelligence quotient from 80 to 90 are slow mentally and are likely to be retarded. From 70 to 80 constitutes a border-line group, while most of those with intelligence quotients below 75 are feeble-minded unless there is some definite temporary cause of the mental dullness. Children with quotients above 110 are superior children, and a quotient of 140 or better amounts almost to genius. There are probably as many precocious as there are retarded children in a school system, and while it is essential to study the mentally defective children, it is even more essential to give the exceptional more attention in order that they may receive instruction in proportion to their capabilities, as it is the exceptional children who will be the leaders of thought and constructive work in the next generation. They should be promptly recognized and trained to the best of the school system's ability.

CLASSIFICATION OF CHILDREN TESTED BY INTELLIGENCE QUOTIENT AND MENTALITY

SCHOOL	INTELLIGENCE QUOTIENT										MENTALITY								
	Total	Under 60	60-70	71-75	76-80	81-85	86-90	91-95	96-100	101-105	106-110	Over 110	Feeble-minded	Sub-normal	Nervous	Physically defective	Normal	Border-line	Psychopathic
James Kemble	21	1	3	5	2	7	...	1	1	1	...	...	5	5	5	4	1	1	...
Brantree	18	4	8	5	1	...	...	...	...	...	...	...	13	2	...	...	...	3	...
No. 21	16	2	4	1	5	3	...	1	...	...	...	...	6	8	...	...	...	1	...
Court street	16	5	4	1	2	3	...	...	1	...	...	...	9	4	...	1	...	1	...
Potter street	13	4	8	1	...	...	...	...	...	...	...	...	12	...	...	...	...	1	...
Special class, vocational	12	10	3	1	...	...	...	...	...	...	...	...	12	...	...	...	...	1	...
Mary street	11	2	3	2	2	2	...	...	...	...	...	...	12	...	...	...	...	1	(3)
Union street	9	3	1	1	1	2	1	2	1	1	...	1	6	1	1	1	5	2	1
Blackfriars street	6	3	1	1	1	2	...	...	...	...	...	...	1	3	...	...	...	1	...
Hamilton street	7	...	1	2	2	...	...	...	...	1	...	...	4	1	...	1	1	3	1
Lansing street	4	1	3	...	...	...	...	...	...	...	...	...	3	2	...	...	...	...	...
South	3	1	...	...	...	...	...	1	...	...	...	...	3	...	...	...	...	...	...
Mandeville	2	...	1	...	...	...	...	1	...	...	...	1	...	...	...	2	...	...	...
Total	138	33	37	19	16	19	1	6	2	3	...	2	74	26	5	7	11	13	2

It must not be inferred from this list that there are necessarily more defective children in some of these schools than in others, or that there are none in the schools not here listed. From some schools no lists were sent and hence no testing was done, and in others only the most emergent cases were listed. The children with normal mentality who were chosen for examination were usually those who are disciplinary problems, for bad conduct and low mentality are not always and necessarily associated.

The bright child who is failing in his school work because of poor attention, disorder and friction with his teacher is especially in need of attention. This means the cause of the trouble should be analyzed and a solution of the case attempted. In each of the disciplinary cases studied definite reasons were found to exist for the poor cooperation the child was giving the teacher, and in several cases the child assisted eagerly in the analysis of the difficulty, he being quite as anxious to overcome it as the teacher herself. Children who are in conflict with the school authorities are found usually not to be merry, happy-go-lucky personalities, but children who are intensely unhappy over the situation but often too stubborn to yield. Often their sense of justice is outraged, for they say that if anything goes wrong in the school-room they are looked to first as the cause, whether or not they committed the act, and that children who pass as well-behaved and honorable often disobey the rules and let them suffer the punishment. It is rather surprising to see how cordially most delinquent children welcome the study and analysis of their troubles, and it is possible that a number of chronic offenders could be much better understood and more wisely handled with more prolonged study of their cases.

The treatment must be based not only upon the circumstances, but on the child's mentality. If he is normal mentally he can be made to understand the nature of his act and the unwisdom of flying in the face of authority, but if he is subnormal reasoning with him is comparatively useless, and other methods which affect him through his feelings must be used.

There is also the egotistical offender who commits disorder so as to call attention to himself. With persons of this type the recognition of and public reproof for misbehavior is just what

the child wishes, and the wise teacher is very tactful in connecting his performance and gradually causes him to understand that the only way he can gain attention and distinction is by trying to do good work. A case of this kind which had been mishandled caused one teacher very great trouble. A conceited, egotistical boy was transferred from one school to another and immediately set himself to attract attention by annoying the teacher. He found that he could annoy her best by sticking his great feet into the aisle. If she had ignored his feet for half a day he would have found his attempt to gain attention vain and given up vanquished, but the more she directed him to draw up his feet the more often he thrust them out into the aisle. A state of friction arose which was detrimental to the work of the whole room and the more the boy was punished, the more self-satisfied he was. With such a lad public notice calls out into full play the quality that is noticed and some good point that the boy has should be selected for attention and his defects ignored as far as possible.

These reasons indicate how the city of Utica could find use for a psychologist permanently on its school staff, who would assist the educational authorities in handling their problems.

School retardation is caused by, and results in improper grading of the pupils. School retardation is a loss of money to the city and a loss of time to the pupils. All the money spent in re-teaching subjects to children is wasteful, for if children were properly graded and taught at the rate at which they can learn there would be no need of re-teaching. The sense of failure which comes over a child who finds himself repeating grades while all his friends go on is damaging to his self-respect and to his health and happiness. In Germany the number of suicides among young school boys has at times been most extraordinary. In this country there is little tendency on the part of children to make way with themselves, but there is a strong tendency to play truant, or to leave school at the earliest possible moment. In short, the child who is most in need of training tends by reason of his repetition of grades and his discouragement to get the least of it.

If a child is not doing well in his grade this should be considered a symptom of something wrong and early attention should be given to the subject to learn why he is a misfit. It may be

he is up to grade but learns slowly. Some of the ablest men in the country were considered dullards in school because they learned so slowly. It may be that the child is not up to grade, and has merely been moved along because he was too big for the seats in the grade below. It may be that beginning eye or ear defect, or malnutrition or the results of some illness are temporarily weakening his powers as a student. The solution of the case must depend on the cause, but the difficulty should be solved for its is very harmful for a child to fail continually and get the habit of failing and of considering himself inferior to others. If a school cannot teach a child self-respect and self-control, it can do little else for him.

When a child changes from one school system to another, if he is at all sensitive he suffers. It is highly important that he be graded wisely at first so that he will feel at ease and know that he can do the work asked of him. Psychometric tests will show what the child's mental ability is more quickly and as well, or better, than a teacher can tell after weeks of work with the child in the classroom. The time of readjustment to the new environment should, for the child's sake, be made as brief as possible.

If precocious children are to be promoted and skip grades it is also well to make sure that they have the mental maturity as well as the ambition to make this change, and this also a psychologist can determine.

The city of Utica has five institutions for dependent children and several hundred of these children attend the public schools. As many of them are subnormal mentally it is an extremely difficult matter to handle them along with the normal children, either of the institutional or non-institutional type. A school psychologist could profitably give much time to the study of this problem.

The school law has recently been amended to provide for special classes for all children more than three years retarded in school. The selection of children for special class work and the assignment of the work for which they are best fitted and of which they are most in need is the proper province of a psychologist, in conjunction with the medical officers and principals of the schools.

Psychological work cannot be done up once for all and then discontinued. Children who are retarded or precocious need re-examination twice a year in order that their mental growth may be measured and the rate of their progress be understood. Many new children enter school each year and many of them need testing to determine whether they are advanced enough mentally to learn to read and write. Precocious children should be recognized at this early age for their minds are especially alert in the younger years, and they can just as well take their school work faster at this period.

Many school systems now employ psychologists and any city, to do its best for its school population, should place at least one psychologist on the school staff. For this very critical work no one but an experienced person should be selected, and once selected should be clothed with sufficient authority to make the work as effective as possible.

REPORT OF MENTAL EXAMINATIONS OF ELEVEN CHILDREN IN
THE VOCATIONAL SCHOOL, UTICA, N. Y.

By Florence G. Smith Fischbein, January, 1917.

Scale used: Stanford Revision.

Name	Physical age	Mental age	Intelligence quotient	Diagnosis
160, male....	14 10/12	VIII 8/12	58	Mental defective, psychopathic and criminalistic.
161, male....	13	VIII 8/12	66	Mental defective, psychopathic, alcoholic.
162, female....	15 5/12	VIII 4/12	54	Mental defective, psychopathic.
163, male....	12 1/12	VII 3/12	60	Mental defective.
164, female....	10 7/12	IV 6/12	42	Mental defective.
165, male....	11	VI 6/12	60	Mental defective, rickets.
166, male....	14 3/12	VIII 8/12	60	Mental defective.
167, female....	15 3/12	VII 8/12	50	Mental defective, psychopathic.
113, male....	13 1/12	IX 4/12	71	Mental defective, psychopathic.
168, male....	13 10/12	VIII 10/12	57	Mental defective.
169, male....	14 1/12	VI	43	Mental defective.

SUMMARY

No. 160, male. Born in Italy, March 12, 1902. He is small and rather underdeveloped for a boy of his age; head long and narrow; hair grows low on his temples and forehead. The characteristic position of his head is low and forward. Nose long, lips thick and protuberant; ears well-shaped except rather pointed

at the top, upper rim of left ear somewhat heavy. Hair is fairly thick and usually upstanding; skin pale; characteristic expression of a frown. When tested in January, 1917, he was found to have a mental age of VIII 8/12 years, and an intelligence quotient of 58. His basic year would have been VIII but for the fact that he failed in one test each in V, VI, and VII. Test with dynamometer, R 29, 31, L 30. He is distinguished by a very rapid reaction. He reacts so quickly that he is in danger of killing a man some day on impulse before he thinks it over. Motor co-ordination swift and accurate, and his probable salvation will be to get a place in a mill or factory where he can do simple, rapid work. He wants his own way and sulks if he cannot get it.

First attended Bleecker Street school, going to grade 3-B, promoted without merit. A chronic truant, accomplished so little that he was given errands to do or anything which would keep him busy. Once arrested for stealing and sent to St. Vincent Industrial School. Has been five terms in the special class, and such faculties as he has are well-trained. His teachers are without exception fond of him and refer to him as "Poor ————." He co-operates well and is inclined to be friendly if handled tactfully; if not he is sullen and revengeful. Impulses are sudden and strong and he continually shows a tendency to take revenge without giving the matter adequate consideration. In the class room is a disturbing element, frowning, threatening or grumbling if he does not get his way. Lack of inhibition is the most striking thing in his mental make-up. Is industrious and probably would be self-supporting, but is likely to get in trouble through committing some crime of passion. It is probable that he will marry, as he is affectionate and companionable and already shows an interest in the opposite sex. He is a moron with pronounced criminalistic tendencies and should be protected from his own activities.

So far as can be judged, the immediate family is normal, though the mother appears somewhat inferior mentally.

No. 161, male. Born in Italy, 1904. Is unusually handsome and is well-developed for a boy of his age. Black hair and eyes, shapely nose, arched lips, well-shaped ears and a clear olive skin. Facial expression good when in repose, but at once becomes petu-

lant when corrected. Has attended Bleecker, Brandege, Mt. Carmel and the Vocational Schools and has been excluded from all of them on account of temper and bad conduct. He spent two terms in grade 1-A and three terms in grade 2-B. Tested January, 1917, mental age VIII 8/12 years, intelligence quotient 66. Grip, right hand 30, 31; left hand 31. He has fits of temper when he will fall on the floor and refuse to get up, knock his head against the blackboard or strike the teacher. Since two years of age has shown an abnormal fondness for liquor and will do anything to procure it. He will break into casks of wine in his godfather's cellar or bribe men to bring him liquor from a saloon. The news is often circulated about the school that he has had a certain number of beers during the noon recess. His periods of temper are thought to occur when he is under the influence of liquor. He occasionally has crying spells when he is getting over a drunk. Is energetic and industrious, will work hard to procure drink or amusement.

In this case we have a thirteen-year-old boy with an eight-year mentality who is able to acquire but little book knowledge, although he will undoubtedly be able to learn a simple trade. His inordinate desire for drink and his high temper will undoubtedly get him into trouble. He lacks personal pride and will probably fall below his present standards when he gets beyond the influence of his family.

This boy is an only child of working parents, each of whom is one of the least desirable members of their respective families. On the mother's side his antecedents are of peasant stock, some of them illiterate but all honest and self-supporting. On the father's side are several who have followed the learned professions. The boy is thought to have inherited his desire for drink from his paternal grandmother who is said to have drunk to excess.

No. 162, female. Born Italy, 1900. Is large, healthy looking and well-developed for her age. No gross stigmata, rather pretty for a girl of her type. Dresses in a fantastic way, wears many bright colors and ornaments and is fond of attracting attention. She continually steals and is thought to be sexually immoral. She went to grade 2-A in the public school, can read a little in the

first reader, can copy, but cannot write from dictation. Her writing is like that of a child of seven. She can add a column of figures but cannot carry, nor cannot subtract if she has to borrow. Is poor in manual training but does all kinds of housework at home. She evidently enjoys arousing boys sexually; spends much time writing love notes and in company with No. 167, female, meets boys in out of the way places. Tested in January, 1917, mental age VIII 4/12 years, intelligence quotient 54.

We have here a girl fifteen and one-half years old with a mentality of eight years. She is incapable, morally irresponsible, pleasure-loving and fond of personal adornment. It is probable that she could make a living at simple factory work, but it is certain that she has not the all-round ability which is required to run a household. It is probable that she will fall into prostitution, if indeed she has not already done so.

The girl's father is undersized, and physically and mentally defective. He comes of a large family in which there are said to be some three or four who are feeble-minded. The girl's mother is a woman of good native ability and superior appearance.

No. 163, male. Born in Utica in 1904. Is an imbecile with a silly facial expression and many marks of degeneracy. Forehead receding, the frontal region is full; upper lip protrudes beyond the lower; teeth poor; there is a facial tic which affects the eyes. Is disgustingly filthy about his person and on this account has at times been excluded from school. Unable to concentrate attention; cannot be interested in either book work or manual training and is susceptible to the influence of boys of higher mentality who often advise him to do mischievous things. Used to smoke a pipe but has not done so for six years. Cannot read and does not follow directions. Tested in January, 1917, mental age VII 3/12 years, intelligence quotient 60. Dynamometer, right hand 18, 21; left hand 21. Has been a habitual truant. On February 16, 1915, was arrested for wilful destruction of property; on November 4, 1915, for truancy, and in the spring of 1917 for larceny, at which time he was sent to the State Agricultural and Industrial School.

This boy is practically untrainable. It is probable that he will not be self-supporting, although he will be capable of doing occa-

sional odd jobs such as cleaning stables or shoveling coal, so that he can maintain himself only by living with relatives. He is so susceptible to influence that he is likely to fall into petty crime under the influence of those of higher intelligence.

An older sister of this boy did poorly in school, and early fell into prostitution, coming into Juvenile Court and being committed to the Angel Guardian Home at Troy. A younger sister is not promising. The mother of the boy is defective as was her father before her. The boy's father belonged to a fairly good family, but he was in a reformatory in his youth and was a brutal, drinking man.

No. 164, female. Born in 1907, of Italian parentage. She is an imbecile with echolala; inclined to be absent-minded. Described as quiet and inoffensive. Face shows many irregularities of growth and rickets has been suggested as a possible cause. Head flat at the sides and prominent in front, forehead bossed, upper lip short, lower lip protrudes and tongue hangs over it. Eyes and hair dark brown, complexion light olive. Tongue not fissured. When tested on January 26, 1917, mental age was IV 6/12 years, intelligence quotient 42. Dynamometer, right hand 10, 17; left hand 11. Did poorly in form-board test. Comes to school neatly dressed and is well-behaved.

Prognosis, quiet inoffensive imbecile who can be cared for at home under proper supervision; probably not self-supporting. At her present age it is not possible to determine whether she will be capable of doing housework.

There are three other members of this fraternity. The oldest has gone to grade 4-A, spending two years in each grade; the second is dull, but brighter than the first; a younger sister is slow in school, having spent two terms in grade 1-B. The parents are clean, thrifty people and have lived in the same house for a long time. They visit the school and co-operate with the teachers. The mother is thought to be of higher intelligence than the father.

No. 165, male. Born November 5, 1905, Pennsylvania. Small for his age, but active and energetic. Head bulges at the top of the forehead and shows a stricture below. Rickets or a birth injury has been suggested as a possible cause for his con-

dition. On November 5, 1905, when tested at the Brandegee School was found to have a mental age of V years plus. On January 26, 1917, when tested, was found to have a mental age of VI 6/12 years, intelligence quotient about 60. Slow with the form-board, poor at drawing. Dynamometer, right hand, 20, 20; left hand 16.

Lives alone with his father; is usually on the street until his father comes home from the factory. There is thought to be a step-mother, but she was not in the home in April, 1917.

It is hardly possible to make a prognosis of this case at the present time, as the boy is but 11 years old and childish for his age.

No. 166, male. Born October 26, 1902. A big, strong boy; wavy black hair; weak face; rather handsome and appears to be in excellent physical health. Is high-tempered, revengeful and easily influenced. Was once in the Rome State Custodial Asylum but his father secured his release. At one time he threatened to "knife" his teacher if she did not give a favorable report to the probation officer. He has had a trick of standing on the street corner and weeping. When asked by passers-by what was the matter, he would say that he had lost 50 cents, whereupon he was usually given a few coins. Tested January 26, 1917, mental age VIII 6/12, intelligence quotient 60. Basic year, VIII. Failed in definitions in VIII, and on rhymes and giving numbers backward in IX. Beyond that point could do nothing but drawing. Dynamometer, right hand 31, 30; left hand 30. The family consists of the parents and five children. They have received help from the city of Utica off and on since 1912, and have received care from the city physician. They have been dealt with by the Associated Charities, the Board of Charities, by the W. C. T. U., by the Agent for Dependent Children, the General Hospital, County Tuberculosis Hospital, St. John's Orphan Asylum, and St. Joseph Infant Home as well as the Rome State Custodial Asylum.

The boy is physically strong and will probably make a good farm laborer. Under proper direction, if not subjected to bad influences, he could undoubtedly be self supporting.

No. 167, female. Born October 20, 1901. Is constitutionally

inferior; microcephalic; face long and small; eyes deep-set and closely placed; ear lobules adherent; eyes and hair dark brown; skin pale; large tonsils and is a mouth-breather. Is somewhat under-sized and under-developed. Hearing a little dull for English words, voice cracked and whispery. Quick in her movements and erratic in conduct. Fond of boys and inclined to be silly and immoral. Attention poor. Barely able to read and write. Tested January 26, 1917, mental age VII 8/12 years, intelligence quotient 50. Dynamometer, right hand 23, 25; left hand 21½.

A brother was mentally defective; was in grade 4-B when he left school at 16, was high-tempered and unable to conform to school discipline. A sister is also undoubtedly defective as she spent two terms in a grade and continually shows less ability to progress. The mother of the girl is defective and is considered by many insane. She is erratic and excitable. The father has been in the County Hospital at Rome.

No. 113, male. Born in New York State, February 20, 1903. Is a strong, well-developed blond boy with brown hair, blue eyes, face covered with acne, ears somewhat outstanding, mouth wears a pouting expression. The characteristic attitude of his body is relaxed and slouchy, head bent forward, eyes turned upward. Hair usually disheveled. Usually sullen and alternates between being in an indifferent and an impulsive mood. This is his third psychometric examination. When tested in the fall of 1915 (age 12.8) mental age was IX.2, pronounced a feeble-minded boy of delinquent type, too old to be with third grade children and suited to work in a special class. Tested finally in January, 1917, after almost two years' growth, mental age IX 4/12 years, intelligence quotient 71. He is egocentric, emotionally unstable, and ready to break out if anything does not suit him. It is stated that his reaction time is rapid, he lacks patience and is resentful. Claims to have gone as far as the sixth grade in the Syracuse schools, but could not have been promoted upon merit. He was placed in the special class because of his consummate meanness to the principal at the Bleecker Street School. During the first year in the special class he could not be induced to read, but during the past year has co-operated better. Can do all the

simple operations in arithmetic, including long division; reads in the third reader, and copies accurately, but cannot reproduce a story orally which he has heard. Is neat about all handwork and does splendidly in woodwork. Has been poorly trained at home, and his mother does not co-operate with the teachers, so that some allowance for his conduct must be made.

This boy has no surviving brothers and sisters. According to the mother the boy's father is a Canadian with a small amount of Indian blood but is said to have had mechanical ability and to have attended a Mechanics' Institute in Rochester. The mother describes him as sullen and high-tempered, and gives incompatibility as her reason for separating from him. She states that the family to which the father belongs is a good one and that the boy's paternal uncles and grandfather have mechanical ability. The boy's mother is an ignorant woman of poor intellect and weak character, who dresses beyond her means and is reputed to be immoral. The maternal grandfather committed murder or manslaughter in his youth when under the influence of liquor, and served a prison term. His subsequent record is said to have been good.

The prognosis for this boy is that he will be self-supporting by means of some mechanical trade. He is evidently a social misfit; is likely not to be law-abiding and to be unhappy and irregular in his domestic relations.

No. 168, male. Born in New York State, April 1, 1903. Physically undersized, no pronounced stigmata. Attention good, memory poor. Said to be a chronic liar. Went to grade 2-A in Lansing Street School, Utica. Is not troublesome. Tested January, 1917, mental age VII, intelligence quotient, 57. Dynamometer, right hand 18, 21; left hand 20.

This boy's family lives in rooms on the second floor of a frame house in a fair neighborhood. Father has been in court for non-support and also for whipping the boy. Mother is a dull woman who, nevertheless, is the mainstay of the family.

Prognosis: The boy may be self-supporting or partially so under the care of relatives or friends, owing to his docile temperament.

No. 169, male. Born December 27, 1902. Is an imbecile, easily recognizable; slightly cross-eyed; loose-jointed gait; wears a silly smile most of the time; good natured but incapable, the type that is usually teased or taken advantage of on the streets. Tested January, 1917, mental age VI years, intelligence quotient 43. Dynamometer, right hand 18, 27; left hand 22.

Family history is little known. It is probable that his mother is of higher intelligence as she has some appreciation of her son's mental condition, and worries about who will care for him when she is dead.

Prognosis: The boy will be incapable of self-support and will become an institutional case.

We have here eleven cases who are school and social misfits. All mental defectives, 5 are in addition distinctively psychopathic types; potential and actual delinquent and dependent tendencies are now definitely discernible in all of them. Case No. 113, male, typifies the necessity for intensive personal study of each individual social-school problem.

REMARKS ON THE FINDINGS OF THE MENTAL EXAMINATIONS OF THIS SERIES OF ELEVEN CHILDREN.

By Florence G. Smith Fischbein

The Stanford Revision of the Binet-Simon Measuring Scale for Intelligence was used. The results of the examination are expressed by the standardized Intelligence Quotient and the series, therefore, is comparable with the preceding one.

The room used for the special class is a medium-sized room on the third floor of the Vocational School, seating from twelve to fifteen children, and has tables in the rear for manual training. The teacher is a graduate of Oswego Normal and has had several years of experience. She has also attended the summer school for teachers and physicians at the Rome State Custodial Asylum. She has especial qualifications in being patient, calm, tactful and in having a sense of humor which enables her to handle difficult situations. She studies each child individually and tries to use the methods most successful with each one. The program consists of alternating bookwork with manual training of various kinds, music and physical culture.

The children in question have all been tried in the grades and have demonstrated not only that they cannot keep up with normal children, but that they impede the progress of the average class. The majority have been repeaters in the lower grades, have been advanced without merit to relieve the teacher, or have been tried in some other special class. All have been given a trial with normal children, and after that many have been tried in the classes for defectives which are to be found in many of the city schools. That most of them have been in school from four to ten years is evidenced by the fact that they range in age from 10 $\frac{7}{12}$ to 15 $\frac{5}{12}$ years, and average at 13 years. The mental age for that group ranges from IV $\frac{6}{12}$ to IX $\frac{4}{12}$ years, and averages about VII years. The intelligence quotient ranges from 42 to 69, and averages 57.3.

As a whole, this is a group of adolescents with a mental age of VII years, but many of them are well advanced in puberty or have passed through it. As might be expected, one sees in these young adults with children's mentalities, a manifestation of the sex instinct without normal inhibition. This shows itself in excitement in the presence of the opposite sex, in scattered attention, dreaming, and occasional acts of perversion, in the girls' bribing the boys to do their work, in the girls' over-adorning themselves and painting their faces, in the writing of love notes often obscene, in the drawing of suggestive pictures or the unclean interpretation of certain remarks. The teacher herself apparently does not escape being the objective of sexual ideas on the part of the boys.

Not only is the mentality of the class of a low order, but in at least six of the eleven cases there is a psychopathic element as exhibited in excitability, scattered attention, temper and stubbornness. On account of this they are more difficult to deal with than as if all of them were feeble-minded children of the phlegmatic type. For such psychopathic children conformity to ordinary school discipline is impossible, and they become a disturbing element in a special class as well as in a normal group. This is shown by the way in which they leave their seats and walk about the room, talk and whisper among themselves, address the teacher when she is otherwise occupied, and become involved in quarrels even to the point of coming to blows. Some of them have such an inordinate

desire for attention that they require frequent praising for their work. Most of them have little power of sustained effort and must be given a frequent change of occupation. For this reason the daily program is often changed, and the book work abandoned for manual training. The room is frequently strewn with paper and tools, and the greater part of the time is noisy and disturbed.

The educational attainments of the children differ widely, some being unable to read, while others read in the Third Reader. In arithmetic they range from those who can copy numbers without having any understanding of their meaning and those who are unable to carry or borrow in addition or subtraction, to those who can do all the simple operations including long division. Their ability to copy a written exercise or reproduce a story orally differs rather widely, depending as it does much upon memory and imagination. In handwork most of them attain a higher standard than in book work.

Thus it is that we have a class of children who at an early age are not only unable to keep up with the average intellectual standards of the public school, but are unable in conduct to adapt themselves to such a group. Until the passage of recent legislation the school law made no provision for children of this type, but insisted that they be put through the same educational processes as normal children up to the age of sixteen years. One familiar with their school work must admit that it is more or less of a vain attempt, as few if any of such children acquire the habit of reading or are capable of reading a newspaper understandingly. Manual training is no doubt of value as it prepares some of them for handwork in factories.

The practical question involved is whether the children of this class having failed to conform to the average school life, will be able to adapt themselves in the next stage after leaving school. Judging them solely as to intelligence it would seem that perhaps 50 per cent would be capable of self-support at simple occupations, provided they are allowed to follow them under close supervision. Such supervision for individual cases would obviously be so expensive as to exceed the value of their labor, and for this reason it is probable that the majority would be better suited to custodial care or to colony life. Besides the intellectual qualifications which

would fit them for maintaining themselves, there is the more intricate problem of conduct. Several of these children have already shown themselves so unsocial or so anti-social in conduct that one can predict with a fair degree of certainty that they will not be law-abiding.

The matter of the hereditary background of such a group of abnormal children is one which naturally presents itself to a sociologist. In the class here studied, 6 of the children are of Italian parentage, 2 of Polish, and 3 of native American stock. In several of the Italian cases an investigation of their family histories was begun, but was found most difficult. The first obstacle to overcome was that of language, as none of the parents could speak English, and few of the older brothers and sisters could do so. For this reason one was often dependent for an interpreter upon a neighbor or a young child. This offered a handicap in the way of making the investigation understood, and impressing upon them its importance. Second, more difficult and well nigh impossible, was the matter of dealing with the Italian peasant temperament, which is excitable, inaccurate and seems to have few scruples about denying the truth. The parents in all cases were unintelligent and in many cases illiterate, and it was clear that they had little or no understanding of the object of the investigation. Their interpretation of the visit as a rule was that the child was not studying hard enough or was not behaving well in school. It seemed impossible to impress upon them any subtle shades of meaning in regard to the natural limitation of the child's ability, his relative slowness in certain subjects, his unadaptability or peculiarity in temperament. Visits were found in several cases to be followed by a severe scolding or whipping of the child, and advice for him to study harder or behave better. The parents had no understanding of the terms backward, nervous or feeble-minded. The word "crazy" was used by the Italians to cover these terms and also those of insane or erratic. The south Italians especially were suspicious, and invariably answered questions in regard to abnormal relatives in the negative. Such answers were no doubt the result of ignorance as well as of a desire to avoid the truth.

American families also were found difficult of analysis, using the defective school child as a starting point. The reason for this

is that they have no realization that the child is defective, or that he is therefore a special problem and expense in the matter of education. With many parents the fact is recognized and accepted that the child does not do well in book work, but to those parents who are illiterate this is not a serious matter, and plans are made for the child to go to work in a factory as soon as he leaves school. The parents of this group had little concern as to criminalistic tendencies, precocious sexual manifestations or temper, and considered them from the individual rather than from the social point of view.

The family histories as known indicate that the children in nearly all cases come of feeble-minded, neurotic or criminalistic stock, or more often from a stock having a combination of these traits. A visit to their homes shows that the parents are invariably poor, incapable and intemperate. Although many of them are of foreign nationality, have undergone the adjustment incidental to settling in a foreign country, and have different standards of living, it is evident that they are among the less capable. It may be fairly assumed therefore that the defect in these cases is in almost every case the result of *hereditary taint*.

The future of such a group of children is a matter for thoughtful consideration. If the schools are useful as clearing houses for defectives, a class such as this has fully demonstrated its need for attention. The special class should be a sieve through which those who will not be self-supporting, those who will not be law-abiding, and those who will not have proper supervision shall not pass unless to enter a custodial institution. Provision should be made to study these children and to secure their admission to an institution for defectives before they leave school to go to work. After they have become self-supporting it is more difficult to impress upon their relatives and the public authorities the fact that they need care. Such children as are allowed to leave school should have a suitable occupation found for them and should be allowed to go to work only on probation and under supervision, this period being extended as long as possible. Those failing in such a plan would be suited to extra-institutional colony life where they could enjoy freedom and the fruit of their labors without being allowed the right of reproduction.

REPORT OF THE MENTAL EXAMINATION OF FIVE CHILDREN IN
THE SPECIAL CLASS, ROME, N. Y.

By Investigator Catherine E. Conway, May 10, 1917.

Scale used: Stanford Revision.

Name	Physical age	Mental age	Intelligence quotient	Summary
507, female..	13 plus	VI 6/12	50	Marked mental defect. Discrepancy in age makes it impossible to ascertain definitely the intelligence quotient. Her mental limitations make her language difficulty great; excitable, unstable, type.
508, female..	10 11/12	VII 2/12	65	Defective physically and mentally. Effort good, but is incapable of doing work beyond the seven year expectation.
509, male....	12 4/12	IX 11/12	80	A case of arrested development; not a case of definite mental defect.
510, male....	13 9/12	IX 5/12	68	Mental defect of a high grade type; mental limitations made apparent in problems involving planning and reasoning.
511, male....	11 10/12	IX 2/12	77	A border-line case of mental deficiency. Reactions rapid; does well with mechanical or rote work; unable to handle abstractions.

SUMMARY

3 mental defect.

2 border-line.

The economic prognosis of the 3 cases of mental defect is permanently bad; the 2 border-line cases may be able to get along under supervision after vocational and manual training.

REPORT OF MENTAL EXAMINATION OF NINE CHILDREN IN THE
JAMES KEMBLE SCHOOL, UTICA, N. Y.

By Investigator Catherine E. Conway, February, 1918

Scale used: Stanford Revision.

NAME	Physical age	Mental age	Intelligence quotient	Grade	Summary
790, male...	9 6/12	VII 4/12	77	1A	Distractible; unobserving boy; grade repeater. Will in all probability show greater mental retardation as he grows older.
791, female..	8 6/12	VI 4/12	74	1B	Like her brother, above, will probably show greater retardation as she grows older. Impulsive, inattentive. Coordination poor. Was four terms in a special class.
792, male...	9 4/12	VII	75	2B	Very slow and unobserving.
793, male...	9 5/12	VIII 2/12	86	2B	Seems unable to get beyond grade 2 B. Mentality according to tests is sufficient to warrant his being able to do at least 2nd grade work.
794, male...	15 7/12	IX 9/12	62	5B	Higher mental processes not developed. Slow, unobserving, and is unable to grasp a new situation readily.
795, male...	12 0/12	VII 8/12	63	2A	Appears like a child who is undernourished. Unable to plan simple problems or to visualize. Unfamiliar with common objects; vocabulary very limited.
796, male...	12 10/12	IX 1/12	70	4A	Border-line case of mental deficiency, if not actually feeble-minded.
797, female..	10 7/12	VIII 5/12	79	3A	Mental processes very slow.
798, male...	9 6/12	VIII 4/12	87	2A	Slightly retarded mentally.

Of the number tested:

2 are considered to have a definite mental defect.

5 are border-line cases of mental deficiency.

2 are mentally retarded.

CHAPTER VIII

CHILDREN IN INSTITUTIONS

Non-delinquent type — Helping the Socially Handicapped.

If the jewels of a nation are its children, how important then becomes the setting. In the consideration of children in the public schools one has the unconscious feeling that each one represents the average child as sent out by his parents or family guardians from the average home. This is true to a large extent but when peculiarities in conduct and noteworthy occurrences as to symptom-behavior take place in such a child of the public school system we have been prone to look in surprise first to the child and rather secondarily or not at all to the family. We have made a note in the previous series as to why certain children became problems in the public schools and incidentally mentioned some of the family types from which such children come. It is patent that a family group built upon defective soil will have in itself one or more units who are always potential social failures and that such potentiality in many cases soon becomes actual so that of those adults having particular and immediate charge of the children one or more drops out as an efficient economic unit and although perhaps not actually dead is dead so far as further usefulness to the child is concerned. Thus one or both parents through their own potential traits for social inefficiency become economically dependent, criminal, alcoholic, psychotic or otherwise useless and fail to support the children. The child, though not an actual orphan, is in the same case in reality with the other child who has had one or both parents removed by death. It is here that the kindly arms of the community reach out and gather in the little waif and, working through studied effort and uplifting environment, attempt to place that child upon the high road to success in life. Under these circumstances, peculiarly touching to all of us, we see hundreds of such little children taken from homes which represent economic failures in a broad sense and incidentally removed from amid surroundings depressed through the same cause.

Now the outstanding thought which comes in this connection is: that to do our full duty by these orphan charges we must ascertain by scientific methods their actual mental and physical status in

order — and this is of great practical bearing — that the defective types may be weeded out and placed into groups for training adapted to their capabilities; and secondly to ascertain and provide for the exceptional children and then see to it that they receive advantages suitable to their superior type of mental endowment in order that they may use them to the advancement of their own happiness and the ultimate good of the State. Just what Oneida County has done in this connection is shown by the following tables:

ST. JOHN'S CATHOLIC ORPHAN, ASYLUM, UTICA, N. Y.

	Oct. 1, 1914, Sept. 30, 1915 —12 months	Oct. 1, 1915, June 30, 1916 —9 months	July 1, 1916, June 30, 1917 —12 months
Real estate.....	\$225,000 00	\$225,000 00	\$225,000 00
Furnishings and equipment.....	30,835 55	30,835 55	30,835 55
Cash on hand — beginning of year.....	1,009 06	2,157 70	9 25
Received from the State.....			20,019 69
Received from board of supervisors.....	23,138 46	16,737 44	225 80
Received from towns and villages.....		1,884 50	2,186 40
Received from relatives and friends.....	817 75		50 00
Received from legacies.....		22 00	76 00
Received from membership fees.....		540 66	519 00
Received from benefits, donations, etc.....	1,012 00	70 00	396 38
Expense of farm and garden.....	75 00	1,998 55	2,350 00
Salaries of officers, wages, labor.....	2,282 88	8,774 54	13,600 00
Provisions.....	11,912 81	2,611 25	4,100 00
Clothing.....	3,077 30	1,611 99	1,900 00
Fuel and light.....	2,096 02	354 28	245 00
Medicines and medical supplies.....	333 60	71 12	64 75
Office expenses, printing, telephone, etc.....	367 06	269 09	235 50
Household furnishings and equipment.....	847 59	390 46	360 00
School supplies and equipment.....	806 40		
INMATES IN THE HOME AT BEGINNING OF OFFICIAL YEAR			
Received by judicial commitment for destitution:			
Girls.....	1		
Boys.....			
Received by judicial commitment for delinquency:			
Girls.....	4	1	2
Boys.....			1
Received by judicial commitment for improper guardianship:			
Girls.....	1	2	6
Boys.....			2
Received by commitment or acceptance of Poor Law officers:			
Girls.....	107	111	93
Boys.....	46	43	42
Received from parents or guardians:			
Girls.....	43	53	57
Boys.....	18	14	19
Received otherwise:			
Girls.....	7		
Boys.....			
Total in the Home at beginning of official year:			
Girls.....	163	167	158
Boys.....	64	57	64
RECEIVED IN HOME DURING THE OFFICIAL YEAR			
Received by judicial commitment for destitution:			
Girls.....			
Boys.....			
Received by judicial commitment for delinquency:			
Girls.....		2	1
Boys.....		1	
Received by judicial commitment for improper guardianship:			
Girls.....	2	5	5
Boys.....		2	1
Received by commitment or acceptance of Poor Law officers:			
Girls.....	25	13	15
Boys.....	22	13	8
Received from parents or guardians:			
Girls.....	20	11	31
Boys.....	11	9	15
Otherwise received including those returned from foster homes, hospitals and transfers:			
Girls.....	17		1
Boys.....	16		
Total received:			
Girls.....	64	31	53
Boys.....	49	25	24
Grand total received.....	113	56	77
Total in institution during official year.....	340	280	299

ST. JOHN'S CATHOLIC ORPHAN ASYLUM, UTICA, N. Y.—(Concluded)

	Oct. 1, 1914, Sept. 30, 1915 —12 months	Oct. 1, 1915, June 30, 1916 —9 months	July 1, 1916, June 30, 1917 —12 months
Of this number:			
Supported by public funds.....	225	171	177
Supported by private funds.....	115	109	122
Discharged during the year:			
To parents or guardians:			
Discharged during the year to parents or guardians:			
Girls.....	50	31	48
Boys.....	29	12	23
Placed in free homes, including those for adoption:			
Girls.....			5
Boys.....			1
Discharged to take employment:			
Girls.....	9	7	6
Boys.....			
Discharged to placing-out agencies:			
Girls.....			
Boys.....			
Transferred to other institutions, including hospitals:			
Girls.....		1	
Boys.....	27	6	15
Returned to committing officers:			
Girls.....			
Boys.....			
Otherwise discharged, including those who left without permission:			
Girls.....	1		1
Boys.....			
Died:			
Girls.....		1	1
Boys.....			
Totals:			
Girls.....	60	40	61
Boys.....	56	18	39
Grand total discharged and died.....	116	58	100
Number remaining at end of official year: Grand total.....	224	222	199
Average number of children daily.....	225	221	198

ST. JOSEPH'S INFANT HOME, UTICA, N. Y.

	Oct. 1, 1914, Sept. 30, 1915 —12 months	Oct. 1, 1915, June 30, 1916 —9 months	July 1, 1916, June 30, 1917 —12 months
Real estate.....	\$60,000 00	\$75,000 00	\$75,000 00
Furnishings and equipment.....	10,000 00	10,000 00	10,000 00
Cash on hand — beginning of year.....	1,952 53	2,822 27	516 92
Received from the State.....			
Received from board of supervisors.....	21,902 63	14,130 20	17,522 57
Received from towns and villages.....	414 02	1,084 87	1,954 54
Received from relatives and friends.....	3,803 97	2,562 32	4,819 18
Received from legacies.....	325 00	621 52	50 00
Received from membership fees.....	160 65		
Received from benefits, donations, etc.....	905 40	399 73	1,751 25
Salaries of officers, wages, labor.....	8,105 91	6,661 10	7,824 88
Provisions.....	9,559 85	6,784 60	9,778 61
Clothing.....	2,506 12	1,503 28	1,433 11
Fuel and light.....	3,340 82	2,409 67	2,939 91
Medicines and medical supplies.....	164 83	300 46	272 97
Office expenses, printing, telephone, etc.....	428 87	179 67	487 16
Household furnishings and equipment.....	337 00	489 49	293 51
School supplies and equipment.....	448 26	258 30	244 25

ST. JOSEPH'S INFANT HOME, UTICA, N. Y.—(Continued)

	Oct. 1, 1914, Sept. 30, 1915 —12 months	Oct. 1, 1915, June 30, 1916 —9 months	July 1, 1916, June 30, 1917 —12 months
INMATES IN THE HOME AT BEGINNING OF OFFICIAL YEAR			
Received by judicial commitment for destitution:			
Girls.....			
Boys.....		4	5
Received by judicial commitment for delinquency:			
Girls.....			
Boys.....			
Received by judicial commitment for improper guardianship:			
Girls.....	2		
Boys.....	4		
Received by commitment or acceptance of Poor Law officers:			
Girls.....	61	57	53
Boys.....	78	70	63
Received from parents or guardians:			
Girls.....	20	30	41
Boys.....	18	24	24
Received otherwise:			
Girls.....			
Boys.....			
Total in the Home at beginning of official year:			
Girls.....	83	87	94
Boys.....	100	98	92
RECEIVED IN HOME DURING THE OFFICIAL YEAR			
Received by judicial commitment for destitution:			
Girls.....			
Boys.....		1	2
Received by judicial commitment for delinquency:			
Girls.....			
Boys.....			
Received by judicial commitment for improper guardianship:			
Girls.....			4
Boys.....	1		
Received by commitment or acceptance of poor law officers:			
Girls.....	22	10	24
Boys.....	47	19	14
Received from parents or guardians:			
Girls.....	35	29	50
Boys.....	37	19	38
Otherwise received, including those returned from foster homes, hospitals and transfers:			
Girls.....		1	
Boys.....			
Total received:			
Girls.....	57	40	78
Boys.....	63	39	54
Grand total received.....	120	79	132
Total in institution during official year.....	303	264	318
Of this number:			
Supported by public funds.....	191	161	165
Supported by private funds.....	112	103	153
Discharged during the year:			
To parents or guardians:			
Girls.....	36	21	49
Boys.....	34	30	34
Placed in free homes, including those for adoption:			
Girls.....	1		5
Boys.....	4		4
Discharged to take employment:			
Girls.....			
Boys.....			
Discharged to placing-out agencies:			
Girls.....		1	1
Boys.....	1		
Transferred to other institutions, including hospitals:			
Girls.....	12		1
Boys.....	16	2	1

THE CAUSES OF DEPENDENCY

107

ST. JOSEPH'S INFANT HOME, UTICA, N. Y. — (Concluded)

	Oct. 1, 1914, Sept. 30, 1915 —12 months	Oct. 1, 1915, June 30, 1916 —9 months	July 1, 1916, June 30, 1917 —12 months
Returned to committing officers:			
Girls.....			
Boys.....			
Otherwise discharged, including those who left without permission:			
Girls.....			
Boys.....			
Died:			
Girls.....	4	11	8
Boys.....	10	13	8
Totals:			
Girls.....	53	33	64
Boys.....	65	45	47
Grand total discharged and died.....	118	78	111
Number remaining at end of official year: Grand total.....	185	184	207
Average number of children daily.....	195	185	203

ST. VINCENT'S INDUSTRIAL SCHOOL OF UTICA, N. Y.

	Oct. 1, 1914, Sept. 30, 1915 —12 months	Oct. 1, 1915, June 30, 1916 —9 months	July 1, 1916, June 30, 1917 —12 months
Real estate.....	\$100,000 00	\$95,000 00	\$95,000 00
Furnishings and equipment.....	8,379 95	7,297 53	8,575 00
Cash on hand — beginning of year.....	303 56	1,147 14	539 50
Received from the State.....			
Received from board of supervisors.....	18,082 15	16,971 05	20,492 16
Received from towns and villages.....		444 00	470 54
Received from relatives and friends.....	478 00	195 00	874 22
Received from legacies.....	1,000 00		
Received from membership fees.....			
Received from benefits, donations, etc.....	1,568 35	712 96	857 77
Expense of farm and garden.....	732 38	307 90	584 21
Salaries of officers, wages, labor.....	6,508 28	4,251 03	6,670 81
Provisions.....	6,373 05	5,325 27	8,699 83
Clothing.....	1,426 76	1,313 84	2,096 42
Fuel and light.....	1,934 40	1,750 15	2,652 58
Medicines and medical supplies.....	71 45	251 16	188 69
Office expenses, printing, telephone, etc.....	239 15	252 94	299 20
Household furnishings and equipment.....	1,896 85	1,944 10	1,625 73
School supplies and equipment.....	335 81	271 52	866 42
INMATES IN THE HOME AT BEGINNING OF OFFICIAL YEAR			
Received by judicial commitment for destitution:			
Girls.....			
Boys.....			
Received by judicial commitment for delinquency:			
Girls.....			
Boys.....	29	21	32
Received by judicial commitment for improper guardianship:			
Girls.....			
Boys.....	24	31	26
Received by commitment or acceptance of poor law officers:			
Girls.....			
Boys.....	56	75	76
Received from parents or guardians:			
Girls.....			
Boys.....	5	0	8

ST. VINCENT'S INDUSTRIAL SCHOOL OF UTICA, N. Y.—(Concluded)

	Oct. 1, 1914, Sept. 30, 1915 —12 months	Oct. 1, 1915, June 30, 1916 —9 months	July 1, 1916, June 30, 1917 —12 months
Received otherwise:			
Girls			
Boys			
Total in the Home at beginning of official year:			
Girls			
Boys	114	133	142
RECEIVED IN HOME DURING THE OFFICIAL YEAR			
Received by judicial commitment for destitution:			
Girls			
Boys	2	1	3
Received by judicial commitment for delinquency:			
Girls			
Boys	55	44	43
Received by judicial commitment for improper guardianship:			
Girls			
Boys	21	4	11
Received by commitment or acceptance of poor law officers:			
Girls			
Boys	5	5	11
Received from parents or guardians:			
Girls			
Boys	5	8	18
Otherwise received, including those returned from foster homes, hospitals and transfers:			
Girls			
Boys	26	9	20
Total received:			
Girls			
Boys	114	71	105
Grand total received	114	71	105
Total in institution during official year	228	204	248
Of this number:			
Supported by public funds	219	190	222
Supported by private funds	9	98	25
Discharged during the year:			
To parents or guardians:			
Girls			
Boys	86	49	61
Placed in free homes, including those for adoption:			
Girls			
Boys			4
Discharged to take employment:			
Girls			
Boys	3	7	1
Discharged to placing-out agencies:			
Girls			
Boys	1		
Transferred to other institutions, including hospitals:			
Girls			
Boys		4	2
Returned to committing officers:			
Girls			
Boys		1	1
Otherwise discharged, including those who left without permission:			
Girls			
Boys	5		1
Died:			
Girls			
Boys		1	1
Totals:			
Girls			
Boys	95	62	71
Grand total discharged and died	95	62	71
Number remaining at end of official year: Grand total	133	142	177
Average number of children daily	133	140	147

THE HOUSE OF THE GOOD SHEPHERD, UTICA, N. Y.

	Oct. 1, 1914, Sept. 30, 1915 —12 months	Oct. 1, 1915, June 30, 1916 —9 months	July 1, 1916, June 30, 1917 —12 months
Real estate.....	\$115,388 70	\$115,388 70	\$115,388 70
Furnishings and equipment.....	10,675 00	10,675 00	10,675 00
Cash on hand — beginning of year.....	707 61	644 45	754 53
Received from the State.....			
Received from board of supervisors.....	20,189 84	15,569 65	19,968 02
Received from towns and villages.....	587 15	589 11	3,100 53
Received from relatives and friends.....	3,184 02	2,540 03	3,513 51
Received from legacies.....			
Received from membership fees.....	1,470 13		
Received from benefits, donations, etc.....	479 55	984 36	1,153 02
Salaries of officers, wages, labor.....	9,400 98	7,285 94	10,986 10
Provisions.....	10,103 54	8,098 44	11,446 85
Clothing.....	2,052 79	1,861 31	2,400 17
Fuel and light.....	3,788 02	2,455 66	3,880 13
Medicines and medical supplies.....	506 76	785 69	400 07
Office expenses, printing, telephone, etc.....	58 03	42 28	59 80
Household furnishings and equipment.....	1,201 50	1,074 52	1,185 38
School supplies and equipment.....	181 38	125 04	188 17
INMATES IN THE HOME AT BEGINNING OF OFFICIAL YEAR			
Received by judicial commitment for destitution:			
Girls.....			
Boys.....			
Received by judicial commitment for delinquency:			
Girls.....			
Boys.....			
Received by judicial commitment for improper guardianship:			
Girls.....	1	2	5
Boys.....	2	5	2
Received by commitment or acceptance of poor law officers:			
Girls.....	55	68	66
Boys.....	63	73	69
Received from parents or guardians:			
Girls.....	6	11	13
Boys.....	16	16	16
Received otherwise:			
Girls.....			
Boys.....			
Total in the Home at beginning of official year:			
Girls.....	62	81	
Boys.....	81	94	84
			87
RECEIVED IN HOME DURING THE OFFICIAL YEAR			
Received by judicial commitment for destitution:			
Girls.....			
Boys.....			
Received by judicial commitment for delinquency:			
Girls.....			
Boys.....			
Received by judicial commitment for improper guardianship:			
Girls.....	1	2	2
Boys.....	3	1	
Received by commitment or acceptance of poor law officers:			
Girls.....	36	20	24
Boys.....	32	15	23
Received from parents or guardians:			
Girls.....	15	11	14
Boys.....	15	12	26
Otherwise received, including those returned from foster homes, hospitals and transfers:			
Girls.....	1	2	1
Boys.....		2	2
Total received:			
Girls.....	53	35	41
Boys.....	50	30	53
Grand total received.....	103	65	94
Total in institution during official year.....	246	240	255

THE HOUSE OF THE GOOD SHEPHERD, UTICA, N. Y. — (Concluded)

	Oct. 1, 1914, Sept. 30, 1915 —12 months	Oct. 1, 1915, June 30, 1916 —9 months	July 1, 1916, June 30, 1917 —12 months
Of this number:			
Supported by public funds.....	196	191	195
Supported by private funds.....	50	49	70
Discharged during the year:			
To parents or guardians:			
Girls.....	19	20	30
Boys.....	25	29	38
Placed in free homes, including those for adoption:			
Girls.....	2	1	6
Boys.....	1	3	7
Discharged to take employment:			
Girls.....	.....	.....	.....
Boys.....	1	.....	.....
Discharged to placing-out agencies:			
Girls.....	6	6	3
Boys.....	4	2	6
Transferred to other institutions, including hospitals:			
Girls.....	2	2	5
Boys.....	4	1	3
Returned to committing officers:			
Girls.....	.....	1	.....
Boys.....	.....	.....	.....
Otherwise discharged, including those who left without permission:			
Girls.....	2	.....	1
Boys.....	.....	.....	.....
Died:			
Girls.....	3	2	4
Boys.....	2	2	1
Totals:			
Girls.....	34	32	49
Boys.....	37	37	55
Grand total discharged and died.....	71	99	104
Number remaining at end of official year: Grand total.....	175	171	161
Average number of children daily.....	157	167	167

THE UTICA ORPHAN ASYLUM, UTICA, N. Y.

	Oct. 1, 1914, Sept. 30, 1915 —12 months	Oct. 1, 1915, June 30, 1916 —9 months	July 1, 1916, June 30, 1917 —12 months
Real estate.....	\$89,010 01	\$89,010 01	\$89,010 01
Furnishings and equipment.....	5,000 00	5,000 00	5,000 00
Cash on hand — beginning of year.....	8,082 96	6,889 11	16,620 97
Received from the State.....	.....	.....	.....
Received from board of supervisors.....	18,820 57	13,558 36	17,076 65
Received towns and villages.....	.....	.....	899 11
Received from relatives and friends.....	2,863 31	2,050 00	3,607 35
Received from legacies.....	5,000 00	7,500 00	15,642 23
Received from membership fees.....	34 75	25 25	26 50
Received from benefits, donations, etc.....	.....	175 00	366 00
Expense of farm and garden.....	.....	.....	301 46
Salaries of officers, wages, labor.....	9,605 22	7,223 25	10,482 04
Provisions.....	5,758 54	7,170 62	10,246 83
Clothing.....	2,318 27	2,200 32	3,774 08
Fuel and light.....	4,338 53	1,638 29	4,504 19
Medicines and medical supplies.....	316 25	600 38	872 45
Office expenses, printing, telephone, etc.....	189 49	208 97	325 61
Household furnishings and equipment.....	908 92	1,621 15	1,404 40
School supplies and equipment.....	1,235 16	1,112 40	774 48
INMATES IN THE HOME AT BEGINNING OF OFFICIAL YEAR			
Received by judicial commitment for destitution:			
Girls.....	.....	.....	.....
Boys.....	.....	.....	.....
Received by judicial commitment for delinquency:			
Girls.....	.....	.....	.....
Boys.....	.....	.....	.....
Received by judicial commitment for improper guardianship:			
Girls.....	4	2	2
Boys.....	4	4	3

THE UTICA ORPHAN ASYLUM UTICA, N. Y., — (Concluded)

	Oct. 1, 1914 Sept. 30, 1915 —12 months	Oct. 1, 1915 June 30, 1916 —9 months	July 1, 1917 June 30, 1917 —12 months
Received by commitment or acceptance of poor law officers:			
Girls.....	58	49	48
Boys.....	61	60	66
Received from parents or guardians:			
Girls.....	12	9	12
Boys.....	19	19	21
Received otherwise:			
Girls.....	1		
Boys.....			
Total in the home at beginning of official year:			
Girls.....	75	60	62
Boys.....	84	83	90
RECEIVED IN HOME DURING THE OFFICIAL YEAR			
Received by judicial committment for destitution:			
Girls.....			
Boys.....			
Received by judicial committment for delinquency:			
Girls.....			
Boys.....			
Received by judicial committment for improper guardianship:			
Girls.....			3
Boys.....			3
Received by commitment or acceptance of poor law officers:			
Girls.....	12	13	8
Boys.....	18	16	16
Received from parents or guardians:			
Girls.....	6	5	6
Boys.....	13	14	16
Otherwise received, including those returned from foster homes, hospitals and transfers:			
Girls.....		2	5
Boys.....		1	2
Total received:			
Girls.....	20	20	22
Boys.....	29	31	37
Grand total received.....	49	51	59
Grand total in institution during official year.....	208	194	211
Of this number:			
Supported by public funds.....	157	147	156
Supported by private funds.....	51	47	55
Discharged during the year:			
To parents or guardians:			
Girls.....	23	9	19
Boys.....	21	19	19
Placed in free homes, including those for adoption:			
Girls.....		2	2
Boys.....		1	8
Discharged to take employment:			
Girls.....	1		2
Boys.....		1	
Discharged to placing out agencies:			
Girls.....	5	4	1
Boys.....	6	1	3
Transferred to other institutions, including hospitals:			
Girls.....	1	3	1
Boys.....	2	2	2
Returned to committing officers:			
Girls.....	6		
Boys.....	1		
Otherwise discharged, including those who left without permission:			
Girls.....			
Boys.....			
Died:			
Girls.....			2
Boys.....			1
Totals:			
Girls.....	35	18	27
Boys.....	30	24	33
Grand total discharged and died.....	65	42	60
Number remaining at end of official year: Grand total.....	143	152	151
Average number of children daily.....	148	145	151

At the close of the official year ending June 30, 1917, of the children actually present on that date, the following facts are presented as to civil condition, religion and mode of support.

ST. JOHN'S CATHOLIC ORPHAN ASYLUM, UTICA, N. Y.

Civil condition:

Orphan	18
Half-orphan	102
Both parents living	61
Unknown	18

Total	199
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Religion:	Father	Mother	Child
Catholic	182	183	196
Hebrew	0	0	0
Protestant	12	14	3
Unknown	5	2	0

Total	199	199	199
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How supported:

Wholly by institution	26
By relatives, friends, societies	46
Counties	124
Cities, towns or villages	3

Total	199
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ST. JOSEPH'S INFANT HOME, UTICA, N. Y.

Civil condition:

Orphan	11
Half-orphan	63
Both parents living	129
Unknown	4

Total	207
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THE CAUSES OF DEPENDENCY

113

Religion:	Father	Mother	Child
Catholic.....	151	201	204
Hebrew.....	0	0	0
Protestant.....	17	6	3
Unknown.....	39	0	0
Total.....	207	207	207

How supported:

Wholly by institution.....	12
By relatives, friends, societies.....	58
By counties.....	115
By cities, town or villages.....	22
Total.....	207

ST. VINCENT'S INDUSTRIAL SCHOOL, UTICA, N. Y.

Civil condition:

Orphan.....	20
Half-orphan.....	65
Both parents living.....	84
Unknown.....	8
Total.....	177

Religion:	Father	Mother	Child
Catholic.....	149	157	166
Hebrew.....	0	0	0
Protestant.....	27	19	11
Unknown.....	1	1	0
Total.....	177	177	177

How supported:

Wholly by institution.....	0
By relatives, friends, societies.....	15
By counties.....	160
By cities, towns or villages.....	2
Total.....	177

HOUSE OF THE GOOD SHEPHERD, UTICA, N. Y.

Civil condition:

Orphan.....	2
Half-orphan.....	53
Both parents living.....	104
Unknown.....	2
Total.....	161

Religion:	Father	Mother	Child
Catholic.....	5	1	0
Hebrew.....	0	0	0
Protestant.....	142	154	161
Unknown.....	14	6	0
Total.....	161	161	161

How supported:

Wholly by institution.....	2
By relatives, friends, societies.....	30
By counties.....	111
By cities, town or villages.....	18
Total.....	161

UTICA ORPHAN ASYLUM, UTICA, N. Y.

Civil condition:

Orphan	12
Half-orphan	74
Both parents living	65
Unknown	0
Total	151

Religion:	Father	Mother	Child
Catholic	10	11	10
Hebrew	1	1	1
Protestant	136	136	140
Unknown	4	3	0
Total	151	151	151

How supported:

Wholly by institution	0
By relatives, friends, societies	34
By counties	112
By cities, town or villages	5
Total	151

These five institutions of Utica, Oneida County, had a total population of 895 children for the official year ending June 30, 1917. Of this total only 63 were actual orphans in fact as against 443 who had both parents living. In other words 7.03 per cent. were actual orphans while 49.4 per cent. (almost half) were not actual orphans at all.

The question at once arises why 443 children with 886 living parents needed to apply to organized relief from social distress in Oneida County. The family group may be sadly crippled through the loss by death or disability or other prostrating economic disaster of one of the parents. We are therefore more readily understand the economic need for social relief of those

who are "half-orphans" particularly where the mother is left alone to carry the burden of supporting the family. But where both parents are living the condition presents a different problem, granting at once the incidence of those cases where one or much more rarely both, of the living parents is unable to bear his or her part in supporting the children. To put the case from the opposite viewpoint, one might say it made little difference to society as to whether a child was an orphan, half-orphan or an economic orphan (both parents living) as to the amount of care and expense which such social liability on the part of parents threw upon organized charity and methods of relief. The facts may be that one or both of the parents through inheritance of stock, through susceptibility to disease, disorder or defect by inherent organ weakness in combination with environmental factors with which their personality was no longer able to cope owing to inadequate powers of adaptation to reality, finally came to the place where they could go no further. Their family hearth could be no longer maintained. One or all of the children must be placed in a "home." The parents, now social liabilities, placed the children upon the support of society at large and the children in turn became social liabilities but having potential powers for economic rehabilitation. How important it is to study and ascertain just these very potential possibilities in the children from stock which has already gone under economically. How practical become such studies when we realize that by such modern methods we can uplift the highly endowed child and at the same time actually fortell the utmost capabilities of the dull, retarded, backward, eccentric, anti-social, psychotic and defective child.

For the official year ending June 30, 1917, expenditures were made or incurred, counting in the value of farm and garden crops raised as follows:

St. John's Catholic Orphan Asylum.....	\$24,752 25
St. Joseph's Infant Home.....	28,660 55
St. Vincent's Industrial School.....	26,961 77
House of the Good Shepherd.....	33,486 56
Utica Orphan Asylum.....	36,084 79

Expenditures — Total.....	<u>\$149,945 92</u>
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The total number of children cared for during the same period these expenditures were made, is as follows:

St. John's Catholic Orphan Asylum.....	299
St. Joseph's Infant Home.....	318
St. Vincent's Industrial School.....	248
House of the Good Shepherd.....	265
Utica Orphan Asylum.....	211
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Total.....	1,341
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A total of 1,341 children passed through the five institutions for children in Utica during the year from July 1, 1916 to June 30, 1917, and it cost society \$149,945.92, to care for them.

It would perhaps be better to say that it cost society this \$149,945.92 to care for the economic breakdown of the parents of these children, parents who were thus more or less actual or potential economic liabilities. These 1,341 children include only those who were cared for in institutions admitting children essentially of the non-delinquent class, but it is readily seen that had they gone on under the conditions of environment which their homes produced that many or all of them would naturally have drifted along until through mischance, force of circumstances or bad bringing up they would have crossed the dictates of organized society. These facts are better shown through the analysis of the causes of commitment throughout the State and the following tables are taken from the individual admission records of each child admitted to institutions for the care of children for the official years designated.

During the official year — July 1, 1916 to June 30, 1917 — there were in the State of New York, operating under powers conferred upon the State Board of Charities, four county and city institutions for children, mentally and physically normal, 152 private institutions for children including 18 infant asylums, 9 institutions receiving principally delinquent types and those committed for improper guardianship, 8 receiving physically defective children including some who are blind, and 117 receiving children committed principally for destitution or received

as public charges. The total number of children in the care of the county and city institutions for normal children and the private institutions for children on June 30, 1917, including 3,972 children placed by such institutions in foster boarding homes under their supervision was 35,138.

The number under their care during the fiscal year was as follows:

Present July 1, 1916.....	35,999
Received during the year.....	16,548
<hr/>	
Total number cared for.....	52,547
Discharged during the year.....	17,409
<hr/>	
Remaining June 30, 1917.....	35,138
<hr/>	

Of this total number of children cared for in the State of New York during the fiscal year 1916-17, we find the following:

	Public charges	Private charges	Total cared for	Average population for 1916-17	Number remaining June 30, 1917
Manhattan, Bronx, Richmond.....	21,595	5,078	26,673	18,255	18,180
Brooklyn and Queens.....	8,883	2,278	11,161	7,714	7,637
All other parts of the State.....	9,661	5,052	14,713	9,294	9,321
Total New York State.....	40,139	12,408	52,547	35,263	35,138

The total number of children admitted to institutions reporting to the Board, during the year ending June 30, 1917, was 16,548. They were received in the manner indicated below:

THE CAUSES OF DEPENDENCY

119

On commitment from courts:

For destitution	46
For improper guardianship	2,632
For delinquency	1,919
On commitment from poor law officers	6,300
On request of parents or guardians	4,474
Transferred from other institutions, returned from foster homes and returned from hospitals	917
Otherwise received	260
 Total	 16,548

The number of children discharged from these institutions during the year ending June 30, 1917 was 17,409. The manner of discharge was as follows:

To parents or guardians	11,882
Placed by the institutions in free homes including those placed out for adoption	359
Discharged to take employment	725
Transferred to placing out agencies	1,237
Transferred to other institutions	1,187
Returned to committing officers	217
Left without permission	112
Otherwise discharged	121
Died	1,569
 Total	 17,409

In order to compare the causes for the dependency of children entering institutions for children throughout the State the following tables are appended covering the three fiscal years 1914-15, 1915-16, 1916-17.

CAUSES FOR COMMITMENT AND DEPENDENCY OF CHILDREN COMMITTED TO ORPHAN ASYLUMS AND HOMES FOR CHILDREN DURING THE YEAR ENDING SEPTEMBER 30, 1915, AS SHOWN BY RECORDS OF ADMISSION FILED WITH THE STATE BOARD OF CHARITIES.

TABLE A — *Children Both of Whose Parents Are Living*

CONDITIONS RELATIVE TO THE MOTHER												
Deserted or disappeared	Intemperate, immoral, shiftless, imprisoned	Proper guardianship lacking	Parents separated (mother does not have custody of child)	Sick, crippled, insane, feeble-minded or otherwise physically or mentally incapable	At work or seeking work	Out of work, insufficient earnings, large family	Not free to work as wage earner	Indefinitely stated as "destitution," unable to support "	Child sick or in need of special care	Child delinquent, ungovernable or vagrant	Total	
115	67	15	.....	365	208	230	12	337	3	4	1,356
27	175	25	2	216	111	74	11	126	.....	1	768
8	27	687	7	7	.....	.....	.....	.....	.....	.....	786
.....	5	12	3	8	3	10	1	6	.....	.....	48
18	15	8	3	314	106	95	23	103	.....	.....	685
203	69	2	16	771	9	.....	.....	3	.....	.....	1,073
107	38	3	4	671	39	40	25	115	.....	.....	1,042
9	6	.....	.....	57	1	4	.....	405	.....	.....	482
.....	.....	.....	.....	1	.....	.....	.....	.....	356	.....	357
.....	.....	.....	.....	1	.....	.....	.....	.....	.....	1,080	1,081
Total number of children.....										359	1,085	7,628

NOTE. — All numbers in the above table refer to children. Thus, number 115 in first column and first line indicates 115 children deserted by both fathers and mothers; number 27 in first column and second line indicates 27 children deserted by the mothers and having intemperate, immoral, shiftless or imprisoned fathers.

CAUSES FOR COMMITMENT AND DEPENDENCY OF CHILDREN COMMITTED TO ORPHAN ASYLUMS AND HOMES FOR CHILDREN DURING THE YEAR ENDING SEPTEMBER 30, 1915, AS SHOWN BY RECORDS OF ADMISSION FILED WITH THE STATE BOARD OF CHARITIES

TABLE B — *Half Orphan, Orphan, Foundling and Illegitimate Children and Those Whose Civil Condition is Unknown*

	CONDITION RELATIVE TO LIVING PARENT								Depend- ency due to civil condi- tion of child	Child sick or in need of special care	Child- delin- quent, ungov- ernable or vagrant	Total
	Deser- tion or dis- appea- ance	Intem- perate or immoral	Proper guard- ianship lacking	Sick, crippled, insane, feeble- minded or otherwise physically or mentally incapable	Unable to give child home care, at service, or seeking employ- ment	Out of work, insuf- ficient earn- ings, large family	Not free to work as wage- earner	Inded- nitely stated as "distribu- tion," "Unable to support"				
Half Orphan:												
Father living.....	109	100	165	159	680	522	11	112	.....	14	228	2,093
Mother living.....	25	50	182	418	191	319	.....	356	.....	23	257	1,832
Sex of living parent not stated.....	.....	.....	4	.....	.....	.....	.....	4	.....	.....	2	10
Orphan.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	65	390
Foundling.....	12	6	15	22	21	6	.....	5	.....	9	.....	1,874
Nothing known about parents.....	.....	.....	288	.....	.....	.....	.....	50	.....	1	.....	354
Total.....	146	186	684	599	901	847	11	527	2,102	59	556	6,563

NOTE.— The numbers in the above table refer to children. Thus, number 109 in first column and first line indicates 109 half orphan children deserted by fathers, number 100 in second column and first line indicates 100 half orphan children having intemperate, immoral, shiftless or imprisoned fathers.

CAUSES FOR COMMITMENT AND DEPENDENCY OF CHILDREN COMMITTED TO ORPHAN ASYLUMS AND HOMES FOR CHILDREN DURING THE NINE MONTHS ENDING JUNE 30, 1961, AS SHOWN BY RECORDS OF ADMISSION FILED WITH THE STATE BOARD OF CHARITIES

TABLE A — Children Both of Whose Parents Are Living

CONDITIONS RELATIVE TO THE MOTHER											
Deserted or disappeared	Intemperate, immoral, shiftless, imprisoned	Proper guardianship lacking	Parents separated (mother does not have custody of child)	Sick, crippled, insane, feeble-minded or otherwise physically or mentally incapable	At work or seeking work	Out of work, inefficient earnings, large family	Not free to work as wage earner	Indefinitely stated as "destitution," "unable to support," "without means"	Child sick or in need of special care	Child delinquent, ungovernable, vagrant or truant	Total
69	27	19	.....	235	129	106	5	170	5	.....	765
15	119	18	.....	130	31	41	3	80	.....	.....	437
4	9	700	3	6	.....	.....	.....	.....	.....	.....	722
.....	4	.....	.....	10	11	2	.....	3	.....	.....	30
8	19	1	1	212	64	68	5	69	.....	.....	447
175	38	.....	17	692	7	.....	.....	.....	.....	.....	929
26	9	11	8	229	4	11	11	33	31	.....	373
3	16	.....	5	14	2	1	3	107	.....	.....	211
.....	.....	.....	.....	.....	.....	.....	.....	.....	229	.....	229
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	748	748
300	241	749	34	1,528	248	229	27	522	265	748	4,891
Total number of children.....											

Note. — All numbers in the above table refer to children — thus 69 in first column and first line indicates 69 children deserted by both fathers and mothers, and 15 in first column and second line indicates 15 children deserted by the mothers and having intemperate, immoral, shiftless or imprisoned fathers.

CAUSES FOR COMMITMENT AND DEPENDENCY OF CHILDREN COMMITTED TO ORPHAN ASYLUMS AND HOMES FOR CHILDREN DURING THE NINE MONTHS ENDING JUNE 30, 1916, AS SHOWN BY RECORDS OF ADMISSION FILED WITH THE STATE BOARD OF CHARITIES

TABLE B — *Half Orphan, Orphan, Foundling and Illegitimate Children and Those Whose Civil Condition is Unknown*

CONDITIONS RELATIVE TO LIVING PARENT										Child delinquent, ungovernable, or vagrant or truant	Total
Deser-tion or dis-appear-ance	Intem-perate or immoral	Proper guard-ianship lacking	Sick, crippled, insane, feeble-minded or otherwise physically or mentally incapable	Unable to give child home care, at service, or seeking employ-ment	Out of work, insufficient earnings, large family	Not free to work as wage-earner	Indef-initely stated as "desstitu-tion," "unable to support," "without means"	Depend-ency due to civil condi-tion of child	Child sick or in need of special care		
Half orphan:											
Father living	87	85	148	70	500	203	9	61	11	151	1,316
Mother living	18	64	137	325	113	153		163	12	199	1,193
Sex of living parent not stated			11					3			14
Orphan									8	35	238
Foundling	19	14	9	58	10	2			2	2	1,228
Nothing known about parents			150					13	9	4	176
Totals	124	163	455	453	623	358	9	240	42	391	4,163

NOTE.—The numbers in the above table refer to *children*—thus, 87 in first column and first line indicate 87 half orphan children deserted by father, and 85 in second column and first line indicates 85 half orphan children having intemperate, immoral, shiftless or imprisoned fathers.

CAUSES FOR COMMITMENT AND DEPENDENCY OF CHILDREN COMMITTED TO ORPHAN ASYLUMS AND HOMES FOR CHILDREN DURING THE YEAR ENDING JUNE 30, 1917, AS SHOWN BY RECORDS OF ADMISSION FILED WITH THE STATE BOARD OF CHARITIES

TABLE A — Children Both of Whose Parents Are Living

CONDITIONS RELATIVE TO THE MOTHER											
Deserted or disappeared	Intemperate, immoral, shiftless, imprisoned	Proper guardianship lacking	Parents separated (mother does not have custody of child) or no cause for non-support stated	Sick, crippled, insane, feeble-minded or otherwise physically or mentally incapable	At work or seeking work	Out of work, insufficient earnings, large family	Not free to work as wage-earner	Indefinitely stated as "destitution," "unable to support," "no means"	Child sick or in need of special care	Child delinquent, ungovernable, disorderly, truant or vagrant	Total number of children
105	47	12	.....	229	169	128	6	170	2	.....	866
28	144	16	1	174	50	37	3	56	1	.....	510
.....	5	985	2	27	1	.....	.....	.....	.....	.....	1,020
.....	6	.....	24	14	23	1	.....	2	.....	.....	70
7	7	5	.....	223	67	54	17	74	2	.....	456
231	109	1	14	699	7	.....	.....	2	.....	.....	1,053
10	5	.....	.....	270	8	3	5	7	2	.....	310
4	4	.....	2	28	7	3	.....	235	165	.....	283
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	105
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1,153	1,153
385	327	1,019	43	1,654	332	224	31	546	172	1,153	5,866
Total number of children.....											

NOTE. — All numbers in the above table refer to children — thus 105 in first column and first line indicates 105 children deserted by both fathers and mothers, and 28 in first column and second line indicates 28 children deserted by the mothers and having intemperate, immoral, shiftless or imprisoned fathers.

CAUSES FOR COMMITMENT AND DEPENDENCY OF CHILDREN COMMITTED TO ORPHAN ASYLUMS AND HOMES FOR CHILDREN DURING THE YEAR ENDING JUNE 30, 1917, AS SHOWN BY RECORDS OF ADMISSION FILED WITH THE STATE BOARD OF CHARITIES

TABLE B — *Half Orphan, Orphan, Foundling and Illegitimate Children and Those Whose Civil Condition is Unknown*

CONDITIONS RELATIVE TO LIVING PARENT													Total	
Deserted or dis- appeared	Intem- perate, immoral, shiftless, im- prisoned	Improper guardian or lack of proper or sufficient guard- ianship	Immune	Feeble- minded or in- compe- tent "	Sick, crippled or other- wise physi- cally incapac- itated	At work, seeking work, unable to give proper home care	Home broken up	Not free to work as wage earner	Out of work, small earnings, large family	Indef- initely stated, not stated	Depend- ency due to civil condi- tion of child	Child sick or in need of special care		Child delin- quent, ungov- ernable, truant or dis- orderly
Half orphans: Father living.....	98	259	19	14	96	544	14	.....	171	70	.....	7	251	1,032
Mother living.....	24	176	.....	37	319	128	11	16	131	194	.....	22	312	1,453
Set of living parent not stated.....	.....	8	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	8
Orphan.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3	58	315
Foundling or illegitimate.....	17	17	8	14	24	16	.....	.....	1	.....	254	6	2	1,171
Nothing known about parents.....	.....	204	.....	.....	.....	.....	.....	.....	.....	2	1,060	4	.....	210
Totals.....	139	208	654	27	65	439	688	25	16	303	206	1,314	42	4,809

Notes.—The numbers in the above table refer to children—thus, 98 in first column and first line indicates 98 half orphan children deserted by fathers, 96 in second column and first line indicates 96 half orphan children having intemperate, immoral, shiftless or imprisoned fathers

Concerning the five institutions in Utica, Oneida County, the following tables are appended showing the same headings as to causes for commitment of dependent children as have been used for the tables covering the entire State. The institutions in Utica are:

St. John's Catholic Orphan Asylum, which during the fiscal year 1916-17 admitted 77 children including readmissions.

St. Joseph's Infant Home, which during the fiscal year 1916-17 admitted 132 children including readmissions.

St. Vincent's Industrial School, which during the fiscal year 1916-17 admitted 106 children including readmissions.

House of the Good Shepherd, which during the fiscal year 1916-17 admitted 94 children including readmissions.

Utica Orphan Asylum which during the fiscal year 1916-17 admitted 59 children including readmissions.

ADMISSIONS FOR THE OFFICIAL YEAR JULY 1, 1916 TO JUNE 30, 1917, ST. JOHN'S CATHOLIC ORPHAN ASYLUM,
UTICA, N. Y.

TABLE B — *Half Orphan, Orphan, Foundling and Illegitimate Children and Those Whose Civil Condition is Unknown*
All numbers in table refer to children.

	CONDITIONS RELATIVE TO LIVING PARENT										Total
	Deser- tion or dis- appear- ance	Inter- per- petrate or im- moral	Proper guard- ianship lacking	Sick, crippled, insane, feeble- minded or otherwise physically or men- tally in- capable	Unable to give child home care, at service, or seeking employ- ment	Out of work, insuf- ficient earn- ings, large family	Not free to work as wage- earner	Indef- nitely stated as "dstitu- tion," "unable to support," "without means"	Depend- ence due to civil condi- tion of child	Child sick or in need of special care	Child delin- quent, ungov- ernable, vagrant or truant
Half orphan:											
Father living.....		2	1		12	4					19
Mother living.....		2	3	2	4			1			12
Orphan.....									2		2
Totals.....		4	4	2	16	4		1	2		33

ADMISSIONS FOR THE OFFICIAL YEAR JULY 1, 1916 TO JUNE 30, 1917, ST. JOSEPH'S INFANT HOME, UTICA, N. Y.

TABLE A — *Children Both of Whose Parents Are Living*

All numbers in table refer to children.

	CONDITIONS RELATIVE TO THE MOTHER										Total
	Deserted or disappeared	Intemperate, immoral, shiftless, imprisoned	Proper guardianship lacking	Parents separated (mother does not have custody of child)	Sick, crippled, insane, feeble-minded or otherwise physically or mentally incapable	At work or seeking work	Out of work, insufficient earnings, large family	Not free to work as wage-earner	Indefinitely stated as "destitution," "unable to support," "without means"	Child sick or in need of special care	Child delinquent, ungovernable, vagrant, or truant
Conditions relative to the father	Deserted or disappeared	Intemperate, immoral, shiftless, imprisoned	Proper guardianship lacking	Parents separated (mother does not have custody of child)	Sick, crippled, insane, feeble-minded or otherwise physically or mentally incapable	At work or seeking work	Out of work, insufficient earnings, large family	Not free to work as wage-earner	Indefinitely stated as "destitution," "unable to support," "without means"	Child sick or in need of special care	Child delinquent, ungovernable, vagrant, or truant
Child	3	5	.....	6	40	19	6	.....	8	.....	87
Total number of children.....	3	5	.....	6	40	19	6	.....	8	.....	87

Deserted or disappeared
Intemperate, immoral, shiftless, imprisoned
Parents separated (father does not have custody of child)
Sick, crippled, insane, feeble-minded or otherwise physically or mentally incapable
Home broken up or unable to give child proper home care
Out of work, insufficient earnings, large family
Indefinitely stated as "destitution," "unable to support," "without means"

Child sick or in need of special care

ADMISSIONS FOR THE OFFICIAL YEAR JULY 1, 1916 TO JUNE 30, 1917, ST. JOSEPH'S INFANT HOME, UTICA, N. Y.
TABLE B — *Half Orphan, Orphan, Foundling and Illegitimate Children and Those Whose Civil Condition is Unknown*

All numbers in table refer to children.

	CONDITIONS RELATIVE TO LIVING PARENT								Depend- ence due to civil condi- tion of child	Child sick or in need of special care	Child delin- quent, ungov- ernable, vagrant or truant	Total
	Deser- tion or dis- appear- ance	Intem- perate or immoral	Proper guard- ianship lacking	Sick, crippled, insane, feeble- minded or otherwise physically or mentally incapable	Unable to give child home care, at service, or seeking employ- ment	Out of work, insuf- ficient earn- ings, large family	Not free to work as wage- earner	Indefi- nitely stated as "desitu- tion," "unable to support," "without means"				
Half orphan: Father living.....	2	.....	.....	.....2	19	2	.....	4	.....	.....	.....	27
Mother living.....	.....	.....	.....	1	5	.....	.....	.....	.....	.....	.....	7
Foundling or illegitimate.....	.....	.....	.....	.....	.....	.....	.....	.....	10	.....	.....	11
Totals.....	2	.....	.....	3	24	2	.....	4	10	.....	.....	45

ADMISSIONS FOR THE OFFICIAL YEAR JULY 1, 1916 TO JUNE 30, 1917, ST. VINCENT INDUSTRIAL SCHOOL,
UTICA, N. Y.

TABLE A -- Children Both of Whose Parents Are Living

All numbers in table refer to children

CONDITIONS RELATIVE TO THE MOTHER											Total
Deserted or disappeared	Intemperate, immoral, shiftless, imprisoned	Proper guardianship lacking	Parents separated (mother does not have custody of child)	Sick, crippled, insane, feeble-minded or otherwise physically or mentally incapable	At work or seeking work	Out of work, insufficient earnings, large family	Not free to work as wage earner	Indefinitely stated as "destitution," "unable to support," "without means"	Child sick or in need of special care	Child delinquent, ungovernable, vagrant or truant	
Deserted or disappeared	1	.....	1	.....	.....	.....	.....	2
Intemperate, immoral, shiftless, imprisoned	1
Proper guardianship lacking	8	.....	.....	.....	.....	.....	.....	.....	.....	8
Home broken up, or unable to give child proper home care	1	5	1	.....	.....	.....	.....	.....	9
Indefinitely stated as "destitution," "unable to support," "without means"	6	.....	.....	6
Child delinquent, ungovernable, vagrant or truant	41	41
Total number of children	3	8	1	6	1	1	.....	6	.....	41	67

STATE BOARD OF CHARITIES

ADMISSIONS FOR THE OFFICIAL YEAR JULY 1, 1916 TO JUNE 30, 1917, HOUSE OF THE GOOD SHEPHERD, UTICA, N. Y.
 TABLE B—*Half Orphan, Orphan, Foundling and Illegitimate Children and Those Whose Civil Condition is Unknown*

All numbers in table refer to children

	CONDITIONS RELATIVE TO LIVING PARENT										Total
	Deser- tion or dis- appear- ance	Intem- perate or immoral	Proper guard- ianship lacking	Sick, crippled, insane, feeble- minded or otherwise physically or mentally incapable	Unable to give child home care, at service, or seeking employ- ment	Out of work, insuf- ficient earn- ings, large family	Not free to work as wage- earner	Indef- nitely stated as "distribu- tion," "unable to support," "without means"	Depend- ence due to civil condi- tion of child	Child sick or in need of special care	Child delin- quent, negle- gent, vagrant or truant
Half orphan:											
Father living.....	1	.....	.....	.....	4	.....	.....	.....	.....	.....	5
Mother living.....	.....	.....	.....	.....	7	.....	.....	1	.....	.....	8
Foundling or illegitimate.....	1	.....	.....	3	3	.....	.....	.....	.....	.....	8
Totals.....	2	1	.....	3	14	.....	.....	1	.....	.....	21

ADMISSIONS FOR THE OFFICIAL YEAR JULY 1, 1916 TO JUNE 30, 1917, UTICA ORPHAN ASYLUM, UTICA, N. Y.

TABLE A — Children Both of Whose Parents

All numbers in table refer to children

CONDITIONS RELATIVE TO THE MOTHER											
Deserted or disappeared	Intemperate, immoral, shiftless, imprisoned	Proper guardianship lacking	Parents separated (mother does not have custody of child)	Sick, crippled, insane, feeble-minded or otherwise physically or mentally incapable	At work or seeking work	Out of work, insufficient earnings, large family	Not free to work as wage-earner	Indefinitely stated as "detention," "unable to support," "without means"	Child sick or in need of special care	Child delinquent, ungovernable, vagrant or truant	Total
Deserted or disappeared.....	.....	.....	.....	1	4	.....	.....	1	.....	.....	6
Intemperate, immoral, shiftless, imprisoned.....	6	.....	.....	1	3	.....	.....	.....	.....	.....	10
Proper guardianship lacking.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	1
Parents separated (father does not have custody of child).....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	1
Sick, crippled, insane, feeble-minded or otherwise physically or mentally incapable.....	.....	.....	.....	5	.....	.....	.....	.....	.....	.....	5
Home broken up, or unable to give child proper home care.....	5	.....	2	5	.....	.....	.....	.....	.....	.....	15
Child delinquent, ungovernable, vagrant or truant.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1
Total number of children.....	5	1	2	12	8	.....	.....	1	.....	1	39

Conditions relative to the father
Deserted or disappeared.....
Intemperate, immoral, shiftless, imprisoned.....
Proper guardianship lacking.....
Parents separated (father does not have custody of child).....
Sick, crippled, insane, feeble-minded or otherwise physically or mentally incapable.....
Home broken up, or unable to give child proper home care.....
Child delinquent, ungovernable, vagrant or truant.....

ADMISSIONS, TOTAL, FOR THE OFFICIAL YEAR JULY 1, 1916 TO JUNE 30, 1917, ORPHAN ASYLUMS AND HOMES FOR CHILDREN: SITUATED IN ONEIDA COUNTY

TABLE A — Children Both of Whose Parents Are Living

All numbers in table refer to children

CONDITIONS RELATIVE TO THE MOTHER											Child delinquent, sick or in need of special care	Child delinquent, ungovernable, vagrant or truant	Grand Total
Deserted or disappeared	Intemperate, immoral, shiftless, imprisoned	Proper guardianship lacking	Parents separated (mother does not have custody of child)	Sick, crippled, insane, feeble-minded or otherwise physically or mentally incapable	At work or seeking work	Out of work, insufficient earnings, large family	Not free to work as wage-earner	Indefinitely stated as "destitution," "unable to support," "without means"					
1	.....	.....	.....	9	15	11	.....	5	.....	.....	.....	41
4	14	.....	.....	14	12	1	.....	2	.....	.....	.....	47
.....	.....	11	.....	.....	.....	.....	.....	.....	.....	.....	.....	11
.....	.....	.....	7	.....	12	.....	.....	3	.....	.....	.....	22
.....	
.....	.....	.....	.....	5	11	.....	.....	.....	.....	.....	.....	16
27	9	.....	5	60	15	.....	.....	4	.....	.....	.....	120
.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
.....	
.....	.....	.....	.....	.....	.....	.....	.....	7	.....	.....	.....	7
.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	1
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	44	44
32	23	11	12	89	65	12	.....	22	.....	.....	44	310
Grand total number of children.													

Conditions relative to the father

Child sick or in need of special care

ADMISSIONS, TOTAL, FOR THE OFFICIAL YEAR JULY 1, 1916 TO JUNE 30, 1917, ORPHAN ASYLUMS AND HOMES FOR CHILDREN: SITUATED IN ONEIDA COUNTY

TABLE B — Half Orphan, Orphan, Foundling and Illegitimate Children and Those Whose Civil Condition is Unknown

All numbers in table refer to children.

CONDITIONS RELATIVE TO LIVING PARENT											Grand Total
Deser- tion or dis- appear- ance	Inter- perate or im- moral	Proper guard- ianship lacking	Sick, 'crippled, insane, feeble- minded or otherwise physically or men- tally incapable	Unable to give child home care, at service, or seeking employ- ment	Out of work, inad- equate earn- ings, large family	Not free to work as wage- earner	Indef- initely stated as "desitu- tion," unable to support," without means"	Depend- ence due to civil condi- tion of child	Child sick or in need of special care	Child delin- quent, un- gov- ernable, vagrant or truant	
5	3	1	2	40	6	.....	8	.....	.....	10	
1	2	4	8	20	.....	.....	10	.....	.....	6	
.....	.....	2	.....	.....	.....	.....	.....	2	.....	.....
1	3	.....	4	3	.....	.....	1	11	.....	.....
.....	.....	.....	.....	.....	.....	.....	5	.....	.....	.....
7	8	7	14	63	6	.....	24	13	.....	16	
Grand total.....											158
Admissions for last official year — Oneida county institutions for children:											
Both parents living.....											310
One parent living.....											131
Foundlings or illegitimate.....											23
Orphans.....											4
Total.....											468

Causes for dependency of child, due to conditions relative to mother: read bottom line totals.
Causes for dependency of child, due to conditions relative to father: read vertical right hand totals.

It is time well spent to study carefully the causes which necessitated the commitment of the individual child to the foregoing institutions for children in Oneida County. Visualize from these rows of figures the homes which they represent. Picture the mother's symptom-behavior as she shows herself in the list for causes of commitment due to the mother, and then picture in the same way the conduct of the father which led on his part to the dependency of the child. Remember to think of the word "dependent" in the newer and broader sense as of one receiving maintenance through sources of funds other than those which in the usual course of events he would naturally receive. Let us keep in mind that the "dependent" is not simply one supported by public or semi-public philanthropic money. The child is not a self-supporting unit of the community and hence a child should be considered as a "dependent" only in the sense connoting parents one or both of whom has been a potential economic liability of the State and now finally in the stress of mental, physical and environmental difficulties breaks down as a useful partner in the family circle and by so doing passes at once into the group of persons who are actual economic losses to the community and who secondarily by their enforced withdrawal from the ranks of the producers involve the other wedded partner and all the children of their union. There are transmittable traits in ancestors which portend eventual difficulties in the descendant individual's mental or physical make-up: the individual born thus handicapped falls down in the economic race for competence, he drifts to a lower type of environment; the poorer environment through its unhealthy atmosphere, its infected areas, its sordid outlook acts further as a moral, physical and mental depressant; adequate reaction to the situation is beyond the powers of the individual, he begins to drift, to brood, to turn introspective, to seek an easier formula of life; the resultant conduct represents just such paths of further activity; he adopts a substitutive reaction — that is he begins to drink alcohol or to take drugs to escape reality in Lethe "the river of oblivion"; he may see himself forever bound to the wheel of an intolerable situation and making no attempt at adjustment on his own part, flees and joins the ranks of the

fathers and mothers who have ignobly deserted their plain responsibilities. With the breakdown of the weak member of the family the result is as a tripod deprived of one leg, no matter which of the legs breaks, the whole falls as an inevitable consequence. The handicapped individual, the drift downward in environment, the failure to make adjustment, the mental, physical or economic crash, the crippled family and the children. And now what of the children? We see them committed to the Home or Orphan Asylum and at once the question comes up: "Why are some of these children unruly, odd or delinquent while others are not?" We may safely answer that up until ten years ago we had no real idea. We spoke vaguely of general depravity or a robust virtue but not until recent years did we adopt methods which would give us an actual determination of the mental status of the individual. Such a determination of mental status does not mean simply a grading on a set of "tests" but a comprehensive survey of all the factors which have influenced the development of that particular symptom-behavior of the individual which led to our taking note of him. This symptom-behavior then needs investigation through the sphere of ancestor influence as well as pre-natal and post-natal mental and physical development of the personality amid the influences of environment, socially, geographically and biochemically.

As to the ancestors of the children admitted to orphan asylums in Oneida County, our tables have shown much that indicated economic failure which may or may not have been accompanied by specific physical failure in the sense of acquired disease or disorder. Of all those who developed "insanity" let it be remembered that among all the general admissions to hospitals for the insane 25 per cent. of the men and over 6 per cent. of the women (to be quite conservative) are suffering from general paresis — an acquired brain disorder caused by the spirochete pallida of syphilis. One man in every four and one woman in every sixteen is insane from a strictly preventable cause. Not only that, but the acquiring of disease through anti-social sex conduct raises at least a strong presumption of difficulty on the part of such individuals to make adequate adjustment between desires,

needs and opportunities in their sex life, and as questionable conduct along these lines is so frequently an accompaniment of defective mental endowment it is justifiable to look upon such persons with some suspicion as a really valuable social asset especially when there are other evidences in his life and conduct of economic or other types of failure and especially so when his symptom-behavior finally entails the support of his children by others.

And now of the children of such ancestor stock. Naturally force of circumstances produces at times in the lives of all of us moments of stress which need but one more touch of unkind fate to turn into an actual social, civic or economic calamity. In such a case the children of the stricken parents would, in their dependency, represent quite a different problem than the children of the village ne'er-do-well who finally deserted his wife and brood. This accounts quite easily enough for those children who in determination of mental status show high intelligence capacity and economic possibilities. It does not vitiate however the fact that there is a somewhat higher percentage of mental defect among institution children than among non-institution children. It may well be postulated that by the mere fact that certain children become institution charges that they are therefore a special group as it were, segregated from a special group-type of parents. In the public schools there will be found a fairly definite percentage of pupils who are backward and grade repeaters; of these there will be a certain fairly definite number who are actually mentally defective, and of these again a certain number whose symptom-behavior in terms of conduct makes them "problems." In like manner the same applies to all children in institution-homes but the ratio of mental defect and mental-defect combined with odd or anti-social conduct, will be higher for the reason that these institution children have developed their "problem" before admission. This "problem" was indeed the cause of their commitment. Quite true, the "problem" may have been exemplified in the parent only but if the child is "father to the man" he is also deeply involved as the grandfather of his dad.

REPORT OF 141 MENTAL EXAMINATIONS MADE AT THE UTICA
ORPHAN ASYLUM, UTICA, N. Y.

The mental testing of 141 children of the Utica Orphan Asylum was begun the latter part of February, 1915, but owing to an epidemic in the institution, the work was extended over into December of the same year.

Physical ages are given in Arabic numbers.

Mental ages are given in Roman numbers.

Scale used: Goddard 1911 Revision.

By Investigator Catherine E. Conway, February-December, 1915

NAME	Physical age	Mental age	Grade	Summary
170, female....	14 8/12	XI.8	7B	Responded readily and in good time to tests.
171, male.....	10 2/12	IX.2	4B	Although retarded mentally his reactions were quite normal.
172, female....	15 7/12	XI.2	7B	Is exceedingly slow and somewhat backward.
173, male.....	11 10/12	XI.4	5B	Normal mentality.
174, male.....	8 0/12	VII.8	2B	Normal mentality.
175, male.....	9 10/12	VIII.4	2A	Is slow and not very observing.
176, female....	11 11/12	X.6	5B	Plans her work well and works with considerable interest.
177, female....	9 4/12	VII.6	1A	Mental retardation may be due to neglect as she had never been to school before coming to institution.
178, male.....	11 0/12	X.2	4A	Is slow and somewhat inaccurate about his work.
179, male.....	6 10/12	V.8	K.	Form perception not well developed, otherwise quite observing.
180, male.....	8 2/12	VIII.6	1A	Bright and observing youngster.
181, female....	8 9/12	VIII.4	1A	Normal mentality.
182, female....	11 4/12	X.4	4B	Is self-conscious and slow.
183, male.....	10 5/12	IX.4	2B	Is slow; does not use good judgment or plan his work well.
184, male.....	7 11/12	VIII.2	2B	Normal mentality.
185, female....	13 1/12	X.2	6B	An indifferent, slow and inattentive girl.
186, male.....	12 7/12	X.2	4B	Exceedingly slow and indifferent.
187, male.....	11 3/12	X.6	4A	Slow and indifferent; judgment poor.
188, female....	9 3/12	VII.4	1A	A slow, suggestible girl.
189, female....	13 8/12	X.8	5B	Used good judgment on simple problems, but failed on the slightly difficult ones.
190, male.....	12 3/12	X.4	3B	Retarded mentally, but appears like a boy who will make average progress with a little special attention.
191, female....	12 5/12	X.6	6B	Slow, backward and slightly indifferent.
192, male.....	9 9/12	VII.6	2B	Retardation appears to be due to neglect. Responded readily to tests; showed considerable interest and followed directions readily.
193, male.....	11 1/12	VII.8	2B	Is exceedingly dull and slow; appears quite lazy. Is heedless, careless and does not follow directions readily.
194, female....	12 8/12	IX.6	4A	Slow, dull and somewhat indifferent.
195, male.....	10 11/12	XI.4	5A	Responded very readily to tests. Normal mentality.
196, male.....	13 5/12	XII.4	7A	Somewhat indifferent; mentality beyond tests.
197, female....	11 10/12	X.4	5A	Almost two years retarded mentally.
198, female....	14 0/12	XI.8	8A	Responded very readily; reasons well.
199, female....	11 4/12	VIII.4	2B	Careless, slow and unobserving; poor sense of number; does not reason or plan her work well.
200, male.....	10 8/12	IX.4	2B	Slow; does not reason well nor learn from experience.
201, male.....	6 11/12	VII.8	2B	Slow, but showed considerable interest; advanced mentally according to tests, but it is felt there is a discrepancy in the age.
202, female....	7 10/12	VII.8	1A	Slow and unresponsive; does mechanical work well.
203, female....	11 11/12	IX.6	Special	Inattentive, slow and unobserving; unstable type.
203, female*	12 6/12	X	Special	Has advanced some mentally but she is still considered unstable.
204, male.....	9 11/12	VIII.6	Special	Slow, inattentive, unobserving; does not learn readily from experience.
205, male.....	11 1/12	IX.4	2A	Does eight and nine year work well. Cannot grasp work beyond that.
206, male.....	8 7/12	IX.4	3B	Bright, active and observing. Advanced mentally.
207, female....	14 4/12	XI.6	7A	Impulsive, somewhat indifferent.
208, female....	12 6/12	XII	6A	Normal mentality.
209, female....	11 10/12	IX.6	Special	Very slow, poor sense of number. Unable to make practical application of what she knows.
210, male.....	8 3/12	VIII.8	3B	Normal mentality; appears defective physically.

*Re-examined.

NAME	Physical age	Mental age	Grade	Summary
211, female....	11 1/12	X.8	4A	Although normal according to tests her reactions were similar to those of a backward and dull child. Inattentive, slow and restless.
212, male.....	12 9/12	XII.4	7A	Normal mentality.
213, male.....	12 11/12	X.4	Special	Slow, attitude very good. Two years retarded mentally.
214, female....	9 9/12	IX	2B	Normal mentality.
214, female*	10 4/12	VIII.8	2A	Slow, but is attentive and concentrates fairly well.
215, male.....	16 2/12	VIII.6	5A	Mental defect requiring custodial care.
215, male*	16 10/12	VIII.2	5A	Has not grown mentally in 7 months.
216, male.....	11 0/12	VIII.8	2B	Has only reached grade 2B and has been in the institution 5 years. Is more retarded mentally than the tests show.
217, female....	11 6/12	VII.6	1A	Reactions very childlike; four years retarded mentally.
218, male.....	13 9/12	XI	3A	One year retarded mentally.
219, male.....	8 8/12	VIII.2	1A	Is slow, unoberving and inattentive.
220, female....	6 9/12	VII.4	1A	Normal mentality.
221, female....	9 9/12	IX.8	3A	Normal mentality according to tests but her reactions were very slow.
222, male.....	14 3/12	X.2	6B	Does not reason or plan his work well; vocabulary limited.
223, male.....	13 9/12	XII	7A	Responded readily and in good time.
224, male.....	12 2/12	XI.2	5A	Although one year retarded, his reactions were normal.
225, male.....	8 1/12	VIII	2B	Normal mentality.
226, male.....	8 7/12	IX.2	3A	Normal mentality.
227, female....	10 7/12	X.4	4B	Normal mentality.
228, female....	6 3/12	VII	K.	One year advanced mentally.
229, male.....	11 10/12	XII	6B	Normal mentality.
230, male.....	10 3/12	X.4	4B	Is slow but careful; normal mentality.
231, male.....	8 8/12	X	3A	More than one year advanced mentally.
232, male.....	15 1/12	XI	8A	Is self-conscious, otherwise his reactions to the tests were quite normal.
233, female....	10 6/12	X	5B	Is quick and observing; normal mentality.
234, female....	8 11/12	VIII.8	3B	Normal mentality.
235, male.....	14 7/12	XII	7B	Attention and concentration good. Attitude good.
236, male.....	11 7/12	X.2	3A	Slow; number sense not well developed.
237, female....	10 10/12	IX.2	3B	Slow and unoberving; unable to make practical application of what she already knows.
238, female....	9 0/12	VIII.4	2B	Slow and unoberving. One year retarded mentally.
239, female....	7 11/12	IX.4	2A	More than one year advanced mentally.
240, female....	11 10/12	X.6	4A	One year retarded mentally.
241, male.....	7 11/12	VIII.2	1A	Normal mentality.
242, male.....	8 10/12	VII.8	2B	Slow and unoberving.
243, male.....	10 2/12	VIII.4	Special	Has a bad speech defect, which makes him very slow; judgment poor; slightly inattentive.
244, male.....	12 1/12	X.6	Special	Two years retarded mentally.
245, female....	6 3/12	VII	K.	Advanced mentally.
246, male.....	8 9/12	IX.2	2A	Quick and observing; plans work well.
247, male.....	11 7/12	VIII.2	2A	Slow; uses poor judgment; does mechanical work well.
248, female....	6 6/12	VII.6	1B	Bright, observing youngster of normal mentality.
249, female....	8 1/12	VIII	1A	Tests normal according to Binet scale, but appears much slower than the average 8 year old child. Is handicapped by a speech defect.
250, female....	8 8/12	VIII.6	3A	Slow but showed considerable interest in the work. Normal.
251, male.....	7 6/12	VIII.2	1A	Bright, observing youngster.
252, male.....	9 8/12	X	2A	Is quick and fairly observing.
253, male.....	11 7/12	IX.4	4B	Slow and unoberving; two years retarded mentally.
254, male.....	12 8/12	XI	6B	Somewhat indifferent and inclined to give up easily.

* Re-examined.

NAME	Physical age	Mental age	Grade	Summary
255, female.....	10 8/12	X	4B	Reactions to the test were quite good.
256, female.....	15 6/12	X.4	6B	Slow, backward child.
257, male.....	10 8/12	X.8	4B	Normal mentality.
258, male.....	8 6/12	IX.8	3B	Normal mentality.
259, male.....	8 1/12	VII.6	1A	Slow, unoberving and suggestible boy.
260, female.....	11 1/12	VIII.6	Special	Slow, backward child.
261, female.....	8 3/12	VII.8	1A	Although normal according to tests, her reactions were quite subnormal; is slow, unoberving and easily distracted.
262, female.....	15 7/12	IX.2	.....	Mental defect requiring custodial care.
263, female.....	14 2/12	XII.2	7B	Self-conscious and indifferent.
264, male.....	11 2/12	XI	4	Normal mentality.
265, male.....	10 1/12	X	3A	Normal mentality.
266, male.....	9 1/12	VIII.4	3B	Slow and somewhat unresponsive.
267, male.....	8 2/12	VI.8	1B	Very slow, unable to follow directions readily.
268, male.....	12 0/12	IX.4	3B	Slow and unoberving; memory both visual and auditory fair only.
269, male.....	11 11/12	X.2	5B	Reactions quite childlike. Slow, judgment poor.
270, male.....	10 7/12	IX.4	4A	One year retarded mentally.
271, female.....	13 0/12	XII.2	6A	Quick and responsive.
272, male.....	15 5/12	XII.4	Special	6
273, male.....	11 8/12	XII.2	6B	Quick and fairly accurate.
274, male.....	14 1/12	X	6B	Bright, observing boy.
275, male.....	10 1/12	IX.4	4B	Retarded mentally.
276, male.....	8 1/12	VIII.2	2B	Self-conscious and slow.
277, male.....	9 6/12	IX.6	2A	Slow but careful; normal mentality.
278, female.....	11 7/12	X.4	6B	Normal mentality.
279, female.....	6 0/12	VI.4	K.	Although retarded mentally her reactions were normal.
280, male.....	12 1/12	X.4	4A	Normal mentality.
281, female.....	10 9/12	X.8	4B	Very slow.
282, female.....	8 6/12	VII	1B	Although normal according to the tests, she is quite subnormal in school work; is a repeater. Excitable and emotional.
283, female.....	10 10/12	VII.2	2B	Restless, inattentive and unoberving.
284, female.....	17 3/12	IX.2	6B	Slow, suggestible and quite dull.
285, female.....	10 6/12	X	4B	Mental defective requiring custodial care.
286, female.....	8 6/12	VIII.8	2A	Slow, but of normal mentality.
287, male.....	11 11/12	XII.1	6A	Normal mentality.
288, male.....	9 1/12	VIII.4	2A	Normal mentality.
289, male.....	11 1/12	X	4A	Slow.
290, male.....	6 6/12	VI.2	K.	Although retarded mentally his reactions were quite normal.
291, female.....	11 2/12	IX.4	2A	Normal mentality.
292, male.....	9 7/12	IX.2	4B	Slow and unoberving; does not visualize well.
293, male.....	11 8/12	XI.6	6B	Slow, unoberving and inattentive. Appears capable of doing better than the results of the tests show.
294, female.....	10 2/12	IX.6	2A	Normal mentality.
295, male.....	9 6/12	IX.2	2A	Slow, reacted normally to tests.
296, female.....	14 3/12	VIII.6	4B	Normal mentality.
297, male.....	9 1/12	VI.8	1B	Very much retarded mentally.
298, female.....	7 1/12	VI.8	1B	Restless and inattentive.
299, female.....	12 8/12	XI.6	6A	Is slow, otherwise her reactions are quite normal.
300, male.....	8 7/12	VII.8	1A	Reacted well and showed considerable individuality.
301, female.....	14 0/12	X.6	Special	Reacted normally to tests.
302, female.....	7 6/12	VIII.4	1A	More retarded mentally than the tests show.
303, male.....	8 8/12	VII.4	2B	Advanced mentally according to tests.
304, female.....	10 10/12	IX.6	2B	Slow and restless.
305, male.....	7 7/12	VII.4	1A	Very slow; weak on school knowledge but seems to have ability to learn.
306, male.....	11 9/12	XI.4	5B	Normal mentality.
307, male.....	12 11/12	XII.6	8B	Slow; makes very little mental effort.
308, male.....	9 7/12	IX.4	4B	Normal mentality.
309, male.....	12 8/12	XI	4A	Normal mentality.
310, male.....	11 1/12	XI	4A	Somewhat self-conscious and slow to grasp slightly difficult problems.
				Normal mentality.

Of the children listed above, the following are considered to be cases of mental defect:

Case No. 203 female	Case No. 262 female
215 male	282 female
216 male	283 female
243 male	296 female
247 male	301 female
260 female	

A total of 11 out of 141 children are actually mentally defective or 7.8 plus per cent.

The children about whom there was doubt as to their mental defect but who are very subnormal mentally are classed as border-line pending further observation.

Case No. 177 female	Case No. 222 male
193 male	259 male
194 female	261 female
199 female	268 male
202 female	281 female
204 male	274 male
217 female	297 male
218 male	309 male (since sent to Rome State Custodial Asylum.)

A total of 16 out of 141 children are well within the subnormal or border-line group or 11.2 plus per cent. of the total.

A total of 27 mentally defective and subnormal children is found out of 141 children or 19.1 plus per cent. of the total. Nineteen and one-tenth plus per cent. of the children examined in this particular institution in 1915 were actual or potential economic liabilities of the State, due to actually existing mental dulling or defect.

TABLE I

CLASSIFICATION OF MENTAL AND PHYSICAL AGES OF 141 CHILDREN IN THE UTICA ORPHAN ASYLUM, UTICA, N. Y.

Mental ages in Roman numerals.

Physical ages in Arabic numerals.

By Investigator Catherine E. Conway, February-December, 1915

Physical Age	Mental Age								Total
	VI	VII	VIII	IX	X	XI	XII	XII +	
6.....	2	3	.....	.....	.....	.....	.....	.....	5
7.....	1	2	3	.....	.....	.....	.....	.....	6
8.....	.....	4	9	3	.....	.....	.....	.....	16
9.....	.....	4	9	6	2	.....	.....	.....	21
10.....	.....	1	2	7	6	.....	.....	.....	16
11.....	.....	2	3	6	6	6	.....	.....	23
12.....	.....	.....	1	5	10	4	1	3	24
13.....	.....	.....	.....	1	3	3	.....	3	10
14.....	.....	.....	1	.....	3	3	1	3	11
15.....	.....	.....	.....	1	1	1	2	.....	5
16.....	.....	.....	1	.....	.....	1	.....	1	3
17.....	.....	.....	.....	1	.....	.....	.....	.....	1
Total.....	3	16	29	30	31	18	4	10	141

TABLE II

CLASSIFICATION OF THE 141 UTICA ORPHAN ASYLUM CHILDREN SHOWING THE NUMBER RETARDED, NUMBER AT AGE AND NUMBER ADVANCED MENTALLY

By Investigator Catherine E. Conway, February-December, 1915

Physical Age	Retarded—years				Normal	Advanced—years I	Total
	IV	III	II	I			
6.....	.....	.....	.....	.....	2	3	5
7.....	.....	.....	.....	1	2	3	6
8.....	.....	.....	.....	4	9	3	16
9.....	.....	.....	4	9	6	2	21
10.....	.....	1	2	7	6	.....	16
11.....	2	3	6	6	6	.....	23
12.....	1	5	10	4	2	2	24
13.....	.....	1	3	3	0	3	10
14.....	1	.....	3	3	1	3	11
15.....	.....	1	1	1	2	.....	5
16.....	1	.....	.....	1	1	.....	3
17.....	.....	1	.....	.....	.....	.....	1
Total.....	5	11	29	40	37	19	141

TABLE III

COMPARISON OF THE 141 UTICA ORPHAN ASYLUM CHILDREN
AND PUBLIC SCHOOL CHILDREN, AS TO THE NUMBER AND PER
CENT. AT AGE, RETARDED AND ADVANCED MENTALLY

By Investigator Catherine E. Conway, February-December, 1915

Institutions	Number tested	At age	Per cent. at age	Retarded	Per cent. retarded	Advanced	Per cent. advanced
Utica Orphan Asylum.	141	90	68	45	32	0	0
*Public School.....	1 547	1 195	77	289	19	65	4

* From Dr. Goddard's work with public school children.
Subjects one year above and below normal are considered normal.

TABLE IV

LENGTH OF RESIDENCE OF THE SAME 141 CHILDREN COMPARED
WITH MENTAL DEVELOPMENT

By Investigator Catherine E. Conway, February-December, 1915

Number of years in Utica Orphan Asylum	Retard- ed	Normal	Total
Less than 1 year.....	16	22	38
1 year.....	10	15	25
1½ years.....	2	6	8
2 ".....	3	10	13
2½ ".....	4	9	13
3 ".....	4	4	8
3½ ".....	1	5	6
Total.....	40	71	111
4 years.....	1	4	5
4½ ".....	1	5	6
5 ".....	1	5	6
5½ ".....	.....	4	4
6 ".....	.....	1	1
6½ ".....	.....	2	2
7 ".....	1	1	2
7½ ".....	.....	1	1
8 ".....	.....	2	2
8½ ".....	1	.....	1
Total.....	5	25	30

Per cent. retarded of children in institution less than 4 years,
36 per cent.

Per cent. retarded of children in institution more than 4 years,
13 per cent.

Per cent. normal of children in institution less than 4 years,
63.9 per cent.

Per cent. normal of children in institution more than 4 years,
83 per cent.

TABLE V

RELATION OF CAUSE OF COMMITMENT OF THE SAME 141 CHILDREN TO MENTAL DEVELOPMENT, UTICA ORPHAN ASYLUM, UTICA, N. Y.

By Investigator Catherine E. Conway, February–December, 1915

CAUSE	YEARS RETARDED				At age	Years advanced I	Total
	IV	III	II	I			
Improper guardianship.....	4	7	16	23	17	12	79
Death of parents.....	1	4	13	17	20	7	62
Total.....	5	11	29	40	37	19	141

TABLE VI

CLASSIFICATION OF THE SAME 141 CHILDREN ACCORDING TO PHYSICAL AGE AND SCHOOL GRADE, UTICA ORPHAN ASYLUM, UTICA, N. Y.

By Investigator Catherine E. Conway, February–December, 1915

Physical age	Special	Kinder- garten	SCHOOL GRADE								Total
			I	II	III	IV	V	VI	VII	VIII	
6.....	.....	4	1	..	..	..	..	..	..	..	5
7.....	.....	1	4	1	..	..	..	..	..	..	6
8.....	.....	..	9	6	1	..	..	..	..	..	16
9.....	.....	..	6	8	7	..	..	..	..	..	21
10.....	1	..	..	6	2	6	1	..	..	..	16
11.....	1	..	1	8	..	12	1	..	..	..	23
12.....	1	..	..	1	4	5	6	7	..	..	24
13.....	1	..	..	..	..	3	4	..	1	..	10
14.....	1	..	..	..	1	1	1	2	4	1	11
15.....	..	..	..	1	..	..	..	1	2	1(Voc.)	5
16.....	1	..	..	..	..	..	1	..	1	..	3
17.....	..	..	..	..	..	..	..	1	..	..	1
Total.....	6	5	21	31	15	27	10	15	8	3	141
Total over-age for grade	6	1	16	24	7	21	8	8	7	1	99
Per cent. over-age for grade.....	100	20	76	77	47	78	80	53	88	33	70

TABLE VII

CLASSIFICATION OF THE 141 CHILDREN ACCORDING TO MENTAL AGE AND SCHOOL GRADE, UTICA ORPHAN ASYLUM, UTICA, N. Y.

By Investigator Catherine E. Conway, February–December, 1915

Mental age	Special	Nin-der-garten	SCHOOL GRADE								Total
			I	II	III	IV	V	VI	VII	VIII	
VI.....	.....	3	..	..	..	..	..	..	.....	.....	3
VII.....	.....	2	11	3	..	..	..	..	.....	.....	16
VIII.....	2	.....	10	13	2	1	1	..	.....	.....	29
IX.....	1	.....	..	14	6	8	..	1	.....	.....	30
X.....	2	.....	..	1	6	12	4	6	.....	.....	31
XI.....	.....	.....	..	..	1	6	5	3	..	1(Voc.)	18
XII.....	.....	.....	..	..	..	..	..	1	2	1	4
XII plus.....	1	.....	..	..	..	..	..	4	4	1	10
Total.....	6	5	21	31	15	27	10	15	8	3	141
Number over-age.....	6	2	10	15	7	6	0	4	.....	.....	50
Per cent. over-age.....	.....	.....	..	..	..	..	..	..	.....	.....	35

Thirty-five per cent. of the 141 children or over one-third of the total number examined were over the age they should have been in relation to the school grade in which they were found.

REPORT OF THE 117 MENTAL EXAMINATIONS MADE ON CHILDREN AT THE HOUSE OF GOOD SHEPHERD, UTICA, N. Y.

The testing of the children of the House of Good Shepherd, Utica, N. Y., extended over a period of approximately five months. The designation numbers of all children tested with their physical and mental ages together with their school grades at the time of examination are given in the following table:

Physical ages are given in Arabic numbers.

Mental ages are given in Roman numbers.

Scale used: Goddard 1911 Revision.

By Investigator Catherine E. Conway, March–October, 1915

NAME	Physical age	Mental age	Grade	Summary
311, female.....	10 8/12	VII.6	Special	A dull, slow and backward child who does not learn readily from experience.
312, male.....	8 7/12	VI.6	Special	An inattentive and distractible boy with a poor sense of direction and time.
313, female.....	10 4/12	IX.2	3A	Responded readily to the test and used fair judgment.
314, male.....	6 2/12	VI.6	K	Normal mentality with auditory memory and form perception well developed.
315, female.....	8 4/12	VII.6	2A	Attentive and observing.
316, male.....	6 7/12	VI	K	Reacted normally to tests.
317, female.....	10 6/12	IX	2B	Although she is retarded mentally, she learns readily from experience.
318, female.....	8 6/12	VII.2	2B	Is slow to learn, but appears capable of comprehending problems required of a child of her age.
319, female.....	14 8/12	X.8	6B	Is self-conscious and lacks confidence in herself, is somewhat indifferent.
320, male.....	12 3/12	XI.2	5B	Is quick and plans his work well but is very inattentive.
321, male.....	9	VII	2B	Is seriously handicapped by a bad speech defect which will in all probability, if not checked, prevent his making normal progress mentally.
322, female.....	9	VII.2	2B	Is quite slow and not at all sure of herself, is not very observing; visual and auditory memory not well developed.
323, female.....	12 11/12	IX.6	3A	Is several years retarded mentally. Does good nine-year work.
324, male.....	10 8/12	VI.8	Special	Is inattentive, and lacks concentration. Has a poor sense of direction and a poor memory, both visual and auditory. Is not familiar with common objects that the average six-year child knows, has a poor perception of weight and form. Speech defect.
325, male.....	8 8/12	VIII.2	2A	Normal mentality.
326, male.....	6 8/12	VI.6	1A	Although the Binet test gives him a normal mentality, he did not react as well as the average six-year old child. Was inattentive and used poor judgment.
327, male.....	5 10/12	V.8	K	Normal mentality.
328, male.....	6 7/12	VI	Special	Is handicapped by a marked speech defect.
329, male.....	4 10/12	V	.....	Is observing and attentive; has a fair sense of direction and can follow directions readily.
330, female.....	12 5/12	X.6	4A	Although she is two years retarded mentally, she responded readily and showed considerable interest in the work; is quick and attentive.
331, male.....	6	VII	K	Bright, observing youngster of normal mentality.
332, female.....	6 7/12	VI.6	1B	Normal mentality.
333, female.....	11 1/12	IX.8	2A	Judgment not good and is slow to respond.
334, male.....	4 6/12	IV.6	.....	Somewhat distractible but is quick to respond; imitates readily and follows directions easily.
335, male.....	10 11/12	VIII	Special	Is a distractible, indifferent, slow and sullen boy with a bad temper.
336, male.....	12 8/12	IX.2	Special	Is a dull, slow boy who is not capable of grasping work beyond the second or third grade.
337, female.....	7 8/12	VI.8	Special	Does not possess the information of the average eight-year old child.
337, female*.....	8 2/12	VIII	Special	Developed a whole year mentally according to the Binet scale in six months time, but is still considered by her teachers a proper case for a special class. Should receive intensive care.

* Re-examined

NAME	Physical age	Mental age	Grade	Summary
338, female.....	4 5/12	III. 2	.....	Is not as observing as the average four-year old child; talks very indistinctly.
339, male.....	11 1/12	IX. 4	3A	Is self-conscious and slow; cannot make practical application of his knowledge.
340, male.....	8 6/12	IX. 8	2B	Is an attentive and observing boy with good memory both auditory and visual.
341, male.....	6 10/12	VII	Special	Normal mentality, but has a speech defect which in all probability prevents him from normal progress.
342, female.....	7 8/12	VIII. 2	2B	Normal mentality.
343, female.....	14	XI. 2	6B	Is slow, but fairly accurate. Appears quite dull, does mechanical work well.
344, male.....	6 10/12	V. 6	Special	Very distractible and imaginative; is very much handicapped by a marked speech defect.
345, male.....	11 2/12	X	3B	
346, male.....	10 1/12	IX. 2	Special	
347, male.....	6 6/12	V. 8	K	Too young to discover any mental peculiarities, but he does not appear to be a promising child mentally.
348, male.....	9 6/12	IX. 6	3B	Reacted normally to tests.
349, female.....	11 2/12	X. 8	5B	Reacted slowly to tests.
350, male.....	7 7/12	VII. 4	1B	Reacted normally to tests.
351, male.....	7 5/12	VIII	Special	Advanced mentally according to tests.
352, male.....	9 1/12	VIII	Special	A dull boy with very little power of concentration.
352, male*.....	9 7/12	VII. 6	Special	Shows no mental progress in seven months time, in fact he has deteriorated somewhat mentally. Has marked speech defect.
353, male.....	9 8/12	IX. 8	3A	A normal boy who plans his work well, uses fair judgment and works quickly.
354, female.....	7 11/12	VII. 4	2A	Is slow to respond, but is attentive and seems able to concentrate fairly well.
355, female.....	5 11/12	VI. 6	K	Slightly indifferent but did good work on the tests.
356, male.....	12 10/12	VIII. 8	Special	Very slow, defective boy who is unable to benefit by formal training; does mechanical work well.
357, male.....	9 8/12	VIII	2A	A slow, self-conscious boy who seems unable to concentrate.
358, male.....	12 3/12	IX. 6	4B	Has a serious throat defect which makes it difficult for him to express himself, thereby often causing him to lose the drift of a problem before he can express himself.
359, female.....	13 4/12	X	Special	Is indifferent, slow and emotional. Does not learn readily.
360, male.....	7 9/12	VII. 4	1A	A slow, unobserving child.
361, male.....	6 11/12	VII. 6	1A	A bright, observing youngster.
362, female.....	8 11/12	VIII. 4	3B	Somewhat self-conscious but of normal mentality.
362, female*.....	9 5/12	IX. 6	3A	Is slow to respond, but careful and accurate. Advanced more than a year mentally in six months time.
363, male.....	6 7/12	V. 2	1B	An inattentive, distractible boy. Has a speech defect.
364, male.....	8 9/12	IX	2A	Is seriously handicapped by a marked speech defect.
365, female.....	12 0/12	VII. 4	Special	A slow, unobserving and suggestible girl, with very little power of discrimination.
366, female.....	9 9/12	IX. 6	1A	Although she tested almost normal, her reactions were typically subnormal; is slow and indifferent.
367, female.....	13 8/12	VIII. 6	3B	Slow, backward and unobserving girl, who is unable to make practical application of the knowledge she has already gained.
368, female.....	12 2/12	X	3A	A slow, unobserving and backward girl.
369, male.....	9 11/12	VII. 8	Special	Backwardness appears to be due to physical, rather than a fundamental mental defect, and since he is quite slow, he may find it difficult to make up what he has already lost mentally.

* Re-examined

NAME	Physical age	Mental age	Grade	Summary
370, female.....	7 2/12	VI.4	1B	Although she is not making the expected progress in her school work, she responded readily to the tests and appears fairly attentive and observing.
371, female.....	9 3/12	VII.8	2A	Somewhat slow and self-conscious.
372, male.....	10 8/12	IX.8	4B	Appears very much repressed which may be due to the fact that he has been in the institution only a short time. Reacted normally to the tests.
373, female.....	8 2/12	VII.6	1A	Is rather timid, but seems like a child who will test normal after she becomes accustomed to the institution and the school.
374, female.....	13 3/12	X.4	5A	Quite excitable and nervous, with little power to concentrate.
375, male.....	12 3/12	X.6	4A	Exceedingly self-conscious and slow; memory both visual and auditory well developed.
376, male.....	7 7/12	VI.8	1A	It is quite possible that he could make normal progress if his speech defect could be remedied.
377, male.....	9 0/12	VII.8	2B	Like his brother, he is handicapped by a speech defect.
378, female.....	6 7/12	VII	1A	Reacted well and in good time.
379, male.....	11 3/12	VIII.8	Special	Is slow and rather timid about attempting a slightly difficult problem.
380, male.....	8 4/12	X	2A	Reasons and plans his work well, is responsive and is a careful worker.
381, female.....	7 7/12	VI.6	1B	Is impulsive, fails on simple problems because she does not wait to hear all directions.
382, male.....	10 7/12	VIII.4	2A	Is a very slow and unobserving child, with memory both visual and auditory not well developed.
383, female.....	10 7/12	IX.2	3B	Slightly retarded mentally but appears like a child who will make normal progress when given proper stimuli.
384, male.....	12 8/12	XI.4	4B	Responded readily and showed considerable interest.
385, male.....	6 6/12	VII.4	1A	Normal mentality.
386, female.....	10 7/12	X.2	5B	Tested normal according to the results of the tests, but she is not making much school progress.
387, female.....	9 9/12	VI.8	Special	A very excitable and indifferent child, who is inattentive and slow and does not apply herself to the work at hand.
387, female*.....	10 4/12	VII.4	Special	Has developed mentally according to the tests in seven months time, but is still considered a problem to teachers. Her conduct has not improved.
388, female.....	12 5/12	IX.4	4B	A slow, stupid girl with little ability to reason or plan slightly difficult problems.
389, male.....	7 8/12	VIII.2	2A	Somewhat inattentive, but responded readily to the tests.
390, male.....	10 3/12	VIII.2	Special	A slow, inattentive and distractible boy, who does not apply himself readily to the work at hand. A disciplinary case.
391, female.....	10 6/12	VII.4	2A	A slow, stupid girl with little ability to reason or plan her work.
392, female.....	6 6/12	VI.8	1B	A bright, observing youngster who tests above her physical age.
393, female.....	12 8/12	VII.6	4B	A dull, observing youngster who lacks concentration and ability to reason or plan her work.
394, male.....	4 4/12	IV	.....	Normal mentality.
395, male.....	10 6/12	VII.6	Special	Is a slow and somewhat inattentive boy, whose memory, both visual and auditory, is not well developed.
396, male.....	10 3/12	X.6	4B	Responded readily and used good judgment with his work.
397, male.....	5 11/12	VI.8	K	Bright and observing boy with a good sense of direction and time.
398, male.....	7 11/12	IX	3B	Bright and observing boy.
398, male*.....	8 5/12	X	3A	Two years advanced mentally. Advanced one year mentally in six months time.
399, female.....	12 7/12	X.6	4B	

*Re-examined

NAME	Physical age	Mental age	Grade	Summary
399, female*.....	13 2/12	XI	Special	Slow to grasp a slightly complicated problem, but does mechanical work well. Ought to be tried in a regular class. Although she is one year retarded mentally, she responded readily.
400, female.....	7 7/12	VII	1B	Slightly retarded mentally.
401, female.....	10 8/12	VIII.2	2B	Is quite dull and slow, shows very little initiative and is unobserving. It is quite possible, however, that her retardation is due to some extent to neglect and previous poor environment.
402, male.....	6 0/12	VI	Special	Tested normal, but reacted in a defective manner. Has a marked speech defect.
403, female.....	11 9/12	VII	Special	A very unpromising child who is in all probability a high-grade imbecile.
404, male.....	6 8/12	VII.8	1A	Advanced mentally according to the tests.
405, male.....	9 2/12	VIII.8	4B	Slow, but worked quite carefully.
406, male.....	12 11/12	XI.6	6B	Reacted normally to tests.
407, male.....	6 2/12	VI.8	K	Normal child.
408, male.....	11 8/12	XI.2	4A	Observing and attentive boy of normal mentality.
409, female.....	13 6/12	IX.8	5A	Extremely self-conscious; is quite slow and does not use good judgment in her work.
410, female.....	10 7/12	X.6	4A	An observing, attentive and responsive child.
411, female.....	9 10/12	IX.6	4B	Reacted slowly to all problems.
412, male.....	8 8/12	VII.4	1A	Reacted normally to the tests although he is slightly retarded mentally.
413, male.....	6 1/12	VI.2	1B	Normal mentality.
414, male.....	9 10/12	VIII	Special	A slow, backward child with very little ability to plan his work or to concentrate. He is quite inattentive and distractible.
414, male*.....	10 5/12	VIII	Special	Has made no mental progress in six months time.
415, female.....	6 1/12	III.6	K	A very distractible child with bad speech defect which prevents her from making herself understood.
416, male.....	11 5/12	IX	Special	Very slow and slightly inattentive.
416, male*.....	12 0/12	X.2	Special	Has advanced one year mentally in six months time, but he is still considered a proper subject for a special class by his teachers. A disciplinary case.
417, female.....	8 0/12	VII.2	1B	Is a slow and somewhat inattentive child.
418, male.....	10 0/12	VIII.8	3A	A slow and backward child.
419, female.....	9 10/12	X.6	4A	A careful and exact worker but excitable at times.
420, male.....	6 0/12	V.6	1B	Is somewhat retarded according to the tests, but reacted in a normal manner.
421, male.....	9 10/12	VII.2	Special	Very inattentive and distractible.
421, male*.....	10 5/12	VIII	Special	Developed almost a year mentally in seven months but is a difficult disciplinary case and is considered a menace to other children in school.
422, male.....	7 11/12	VII.6	2B	Is attentive and attends fairly well to the work at hand.
423, female.....	9 2/12	VIII.2	1A	Is not observing and is quite backward especially in school work.
424, male.....	11 8/12	IX.6	4B	Is inattentive and lacks concentration. Gives very little thought to his work and is slow and inaccurate.
425, male.....	10 10/12	X	4B	Reacted normally to tests.
426, female.....	9 11/12	IX.2	3B	Is only slightly retarded mentally.
427, male.....	6 11/12	VI	Special	Is inattentive and not very observing. Is handicapped by a speech defect.

* Re-examined

As a result of their reactions to the mental tests and an investigation of their school work and progress, eleven were found to be mentally deficient or 9.4 plus per cent. of the total of 117 children, as follows:

No. 324 male	No. 421 male
368 female	365 female
352 male	403 female
387 female	367 female
356 male	414 male
393 female	

Twenty-three children were not making average progress mentally and showed this mental retardation in both the mental tests and in their school work. They were placed in the border-line class rather than in the class of definite mental defect, either because of their youth or because it was thought that by special instruction and attention they might be brought to a point where they could take their place among the slow normal children. It is felt, however, that after closer observation extending over a year or more, many of these children will fall in the class of definite mental defectives. These twenty-three children were 19.6 plus per cent. of the total of 117 children; and 20.7 plus per cent. of the children excluding those showing definite mental defect.

The children in the border-line class are:

No. 311 female	No. 319 female
322 female	326 male
335 male	337 female
341 male	358 male
379 male	391 female
401 female	424 male
312 male	321 male
323 female	328 male
336 male	338 female
344 male	366 female
390 male	395 male
416 male	

The number of children who have speech defect is sixteen or 13.6 plus per cent. of the total of 117 children examined. As

this defect can be partially or wholly remedied, it would be wise to engage a special teacher to devote her time to phonic drills and throat exercises. In addition to the work in phonetics, the same teacher should form a restoration class, the aim of which should be to bring these children up to grade as far as possible. The heritable as well as the psycho-neurotic and organic elements in speech disorder should be kept in mind.

The children whose speech defect is most noticeable are:

No. 321 male	No. 393 female
358 male	341 male
376 male	365 female
328 male	403 female
363 male	344 male
377 male	366 female
338 male	352 female
364 male	367 female

TABLE I

CLASSIFICATION OF MENTAL AND PHYSICAL AGES OF 117 CHILDREN AT THE HOUSE OF GOOD SHEPHERD, UTICA, N. Y.

By Investigator, Catherine E. Conway, March-October, 1915

PHYSICAL AGE	MENTAL AGE											Total
	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XII plus	
4.....	1	2										3
5.....			1									1
6.....	1		1	6	5							13
7.....			2	6	5	2						13
8.....				1	11	2			3			18
9.....				1	3	5	4					13
10.....					6	3	6	1	2			18
11.....					1	3	4	5	1			14
12.....					2		3	3	4			12
13.....							3	3	2			8
14.....						1	1		1			3
15.....									1			1
Total.....	2	2	4	14	31	15	22	15	11			117

Mental ages in Roman numerals.
Physical ages in Arabic numerals.

TABLE II.

CLASSIFICATION OF THE 117 CHILDREN OF THE HOUSE OF GOOD SHEPHERD, UTICA, N. Y., ACCORDING TO THE NUMBER RETARDED, NUMBER AT AGE AND NUMBER ADVANCED MENTALLY

By Investigator, Catherine E. Conway, March-October, 1915

PHYSICAL AGE	YEARS RETARDED					Num- ber at age	YEARS ADVANCED		Total
	V	IV	III	II	I		I	II	
4.....					1	2			3
5.....						1			1
6.....			1		1	6	5		13
7.....				2	6	3	2		13
8.....				1	11	2	1	3	18
9.....			1	3	5	4			13
10.....			6	3	6	1	2		18
11.....		1	3	4	5				14
12.....	2		3	3	4				12
13.....			3	3	2				8
14.....		1	1		1				3
15.....					1				1
Total.....	2	2	18	19	42	21	10	3	117

TABLE III

COMPARISON OF THE 117 CHILDREN OF THE HOUSE OF GOOD SHEPHERD, UTICA, N. Y., WITH PUBLIC SCHOOL CHILDREN, SHOWING THE NUMBER AND PER CENT. AT AGE, RETARDED AND ADVANCED MENTALLY.

By Investigator, Catherine E. Conway, March-October, 1915

INSTITUTION	Num- ber tested	At age	Per cent. at age	Re- tarded	Per cent. retarded	Advanced	Per cent. advanced
House of Good Shep- herd.....	117	73	62	41	35	3	3
Public school*.....	1,547	1,195	77	289	19	65	4

* From Dr. Goddard's work with public school children.
Subjects one year advanced and retarded mentally.

TABLE IV

LENGTH OF RESIDENCE OF THE SAME 117 CHILDREN COMPARED
WITH MENTAL DEVELOPMENT, HOUSE OF GOOD SHEPHERD,
UTICA, N. Y.

By Investigator, Catherine E. Conway, March-October, 1915

NUMBER OF YEARS IN INSTITUTION	Retarded	Normal	Advanced	Total
Less than 1 year.....	11	24	3	38
1 year.....	4	5		9
1½ years.....	10	3		13
2 ".....	3	5		8
2½ ".....		6		6
3 ".....		4		4
3½ ".....	2	6		8
Total.....	30	53	3	86
4 years.....	3	4		7
4½ ".....		2		2
5 ".....	1			1
5½ ".....	1	2		3
6 ".....	2			2
6½ ".....		6		6
7 ".....	1	3		4
7½ ".....	2	2		4
8 ".....	1			1
9 ".....		1		1
Total.....	11	20		31

TABLE V

RELATION OF CAUSE OF COMMITMENT TO MENTAL DEVELOPMENT
IN THE SAME 117 CHILDREN, HOUSE OF GOOD SHEPHERD,
UTICA, N. Y.

By Investigator, Catherine E. Conway, March-October, 1915

CAUSE	YEARS RETARDED					At age	YEARS ADVANCED		Total
	V	IV	III	II	I		I	II	
Improper guardianship.....	2	2	15	12	26	12	6	1	76
Death of parents.....			3	7	16	9	4	2	41
Total.....	2	2	18	19	42	21	10	3	117

TABLE VI

CLASSIFICATION OF THE SAME 117 CHILDREN ACCORDING TO PHYSICAL AGE AND SCHOOL GRADE, HOUSE OF GOOD SHEPHERD, UTICA, N. Y.

By Investigator, Catherine E. Conway, March-October, 1915

PHYSICAL AGE	None	Special	Kinder- garten	SCHOOL GRADE						Total
				I	II	III	IV	V	VI	
4 years	3									3
5 "	1									1
6 "		1	8	4						13
7 "		5	1	7						13
8 "		1		8	8	1				18
9 "		2		1	6	3	1			13
10 "		7		1	3	4	3			18
11 "		4			3	3	3	1		14
12 "		2				1	7	2		12
13 "		3				1	1	2	1	8
14 "		1				1			1	3
15 "										1
Total	4	26	9	21	20	14	15	5	3	117
Total over-age for grade		26	1	10	12	10	11	4	3	77
Per cent over-age for grade		100	11	48	57	71	73	80	100	66

TABLE VII

CLASSIFICATION OF THE SAME 117 CHILDREN ACCORDING TO MENTAL AGE AND SCHOOL GRADE, HOUSE OF GOOD SHEPHERD, UTICA, N. Y.

By Investigator, Catherine E. Conway, March-October, 1915

MENTAL AGE	None	Special	Kinder- garten	SCHOOL GRADE						Total
				I	II	III	IV	V	VI	
III	1		1							2
IV	2									2
V	1			2						4
VI		1	5	5						14
VII		4								31
VIII		9	3	11	7	1				16
IX		5		2	8	1				22
X		1		1	2	8	6			15
XI		1			3	4	5	3	3	11
Total	4	26	9	21	20	14	15	5	3	117

HOMES FOR CHILDREN OR ORPHAN ASYLUMS CARING FOR ESSENTIALLY NON-DELINQUENT TYPES, SITUATED OUTSIDE OF ONEIDA COUNTY BUT CARING FOR ONEIDA COUNTY RESIDENTS.

REPORT OF THREE MENTAL EXAMINATIONS MADE ON ONEIDA COUNTY CHILDREN AT ST. PATRICK'S ORPHANAGE, WATERTOWN, N. Y.

Physical ages are given in Arabic numbers.
Mental ages are given in Roman numbers.
Scale used: Goddard 1911 Revision.

By Investigator Jessie L. Herrick, M. D., June, 1916

NAME	Physical age	Mental age	Grade	Summary
428, male.....	8 9/12	IX	3	Half-orphan, mother dead. Physical condition normal. Mentally bright. Developing well. Normal.
429, male.....	15 7/12	XII plus	High school	Physical condition not robust. Mental reactions clear, bright. Normal.
430, male.....	11 10/12	XI	6	Physical condition fair, but not strong. Mentally bright. Normal.

Summary.— All normal and were later discharged to relatives.

REPORT OF ONE MENTAL EXAMINATION MADE ON ONE ONEIDA COUNTY CHILD CARED FOR AT THE OSWEGO ORPHAN ASYLUM.
Scale used: Goddard 1911 Revision.

By Investigator Marion Collins, June, 1916

NAME	Physical age	Mental age	Summary
431, male.....	12 10/12	XII	Physical condition good; mentally normal.

REPORT OF THREE GENERAL EXAMINATIONS MADE ON CHILDREN,
ONEIDA COUNTY RESIDENTS, AT THE ST. JOSEPH'S INFANT
HOME, TROY, N. Y.

By Investigator Marion Collins, June, 1916

Name:	Summary
432, female.	Infant. Physical condition fair. Mentally too young for determination. Illegitimate child abandoned by father; mother in institution for delinquents.
433, male.	Infant. Physical condition good. Mentally too young for determination. Illegitimate child abandoned by parents. Mother in institution for delinquents.
434, female.	Infant. Physical condition poor. (Died age 3 years, 5 months.) Mentally too young for determination. Illegitimate child abandoned. Father's address unknown; mother mental defective, was in institution for delinquents, later died at Rome State Custodial Asylum, July 26, 1917.

REPORT OF EIGHT GENERAL EXAMINATIONS MADE ON CHILDREN,
ONEIDA COUNTY RESIDENTS, AT THE GUARDIAN ANGEL HOME,
TROY, N. Y.

By Investigator Marion Collins, June, 1916

Name:	Summary
435, female.	Physical and mental status normal. Committed for improper guardianship.
436, female.	Physical and mental status normal. Committed for improper guardianship.
437, female.	Physical and mental status normal. Doing high school work. Committed as ungovernable and disobedient child.
438, female.	Physical and mental status normal. Intelligent and bright. Committed for vagrancy.

Name:

Summary

- 439, female. Physical and mental status normal. Intelligent.
Committed for improper guardianship.
- 440, female. Physical and mental status normal. Intelligent.
Committed as juvenile delinquent.
- 441, female. Physical and mental status normal. Committed
for truancy and incorrigibility.
- 442, female. Physical and mental status normal. Intelligent.
Committed for juvenile delinquency.

Summary.—Eight children, evidently potential adult delinquents showed no marked physical or mental defect.

REPORT ON THE TOTAL NUMBER OF CHILDREN, RESIDENTS OF
ONEIDA COUNTY, SUFFERING FROM A PHYSICAL CONDITION
AS AN ECONOMIC HANDICAP, CARED FOR AT THE NEW YORK
STATE HOSPITAL FOR THE CARE OF CRIPPLED AND DEFORMED
CHILDREN, WEST HAVERSTRAW, N. Y.

NAME	Address	Admitted	Discharged	Summary
388, male.....	Oneida county..	June 18, 1907	Dec. 7, 1907	Absence of fibula, congenital. Absence of two toes. Club-foot.
389, female....	Oneida county..	June 27, 1911	Mar. 3, 1913	Infantile paralysis.
390, male.....	Oneida county..	April 1, 1912	In institution.	Knee-joint disease.
391, male.....	Oneida county..	May 21, 1912	In institution.	Pott's disease.
392, female....	Oneida county..	Feb. 13, 1913	July 5, 1913	Acquired club foot, result of spastic paralysis.
393, male.....	Oneida county..	July 28, 1917	Sept. 17, 1917	Rickets.
394, male.....	Oneida county..	Sept. 20, 1908	Dec. 10, 1911	Congenital club-feet.

Summary.—Seven children from Oneida County have been cared for at the expense of the State of New York since June 18, 1907.

During the official years 1914-17, there were two children from Oneida County in the institution during each of three year periods mentioned. The physical handicap was in each instance essentially in the nature of a physical deformity which interfered with the proper functioning of the individual as an economic asset of the State.

REPORT OF THE TOTAL NUMBER OF CHILDREN, RESIDENTS OF
ONEIDA COUNTY, SUFFERING FROM A PHYSICAL CONDITION
AS AN ECONOMIC HANDICAP CARED FOR AT THE NEW YORK
STATE SCHOOL FOR THE BLIND, BATAVIA, N. Y.

Year 1914-15.....	7
Year 1915-16.....	9
Year 1916-17.....	7
Total.....	23

Summary.— Twenty-three children from Oneida County have been cared for during the past three official years as the result of the physical handicap of *total or partial blindness* which interfered with the proper functioning of the individual as an economic asset of the State. The State furnishes their tuition, board and lodging free in the case of twenty children; three were partially or fully County charges.

REPORTS OF SEVEN CHILDREN, RESIDENTS OF ONEIDA COUNTY,
SUFFERING FROM THE PHYSICAL HANDICAP OF TOTAL OR
PARTIAL DEAFNESS AND ACCOMPANYING SPEECH DEFECTS,
CARED FOR IN THE FOLLOWING INSTITUTIONS FOR THE YEAR
PERIODS 1914-15, 1915-16, 1916-17.

NORTHERN NEW YORK INSTITUTION FOR DEAF-MUTES, MALONE,
N. Y.

Name:	Summary
395, male.	Deaf. Cared for during the last three official year periods. Defective eyesight. Two other cases of deafness in the family.

Summary.— One deaf case supported, part State and part municipal expense.

LE COUTEULX SAINT MARY'S INSTITUTION FOR THE IMPROVED
INSTRUCTION OF DEAF MUTES, BUFFALO, N. Y.

Name:	Summary
396, 397, 398-399, female.	Four deaf children cared for from Oneida County, four in the year 1915-16, and two in the year 1916-17.

Summary.— Four deaf. Three maintained wholly by the State; one maintained by the County during 1915 and half of 1916, then becoming a State pupil the County paid only for clothing and the State supplied the balance of cost of maintenance.

WESTERN NEW YORK INSTITUTION FOR DEAF-MUTES,
ROCHESTER, N. Y.

Name: Summary

- 400, male. Cared for during last official year. Defective speech and retarded mental development as result of infantile paralysis which prevented proper fitting for Grade I at school. Now age XII is acquiring control of speech organs and showing mental and physical development. Prognosis encouraging. Supported first as an Oneida County charge but will become a State charge according to statute when reaching the age of twelve years, receiving thereafter both maintenance and cost of education.
- 401, male. Totally deaf. Physical age over 12, school grade IV. Mentally normal. Deafness followed scarlet fever, ear trouble developed. Prognosis for general outlook fair as he is learning agricultural work and can communicate slightly through speech. Supported by the State with the exception of clothing which is provided by Oneida County.

Summary.— Two deaf. State charges, 1. County charges, 1.

Summary for all institutions caring for the deaf children of Oneida County:

Seven children from Oneida County have been cared for during the past three official years as the result of the physical handicap of *deafness and accompanying speech defects*, which interfered with the proper functioning of the individual as an economic asset of the State. By statute the State furnished maintenance and education free after the age of twelve years with the

exception of the clothing to the value of \$30.00 per year which is furnished by Oneida County. Between the ages of five and twelve the children are charges upon the county. At present they are supported as follows:

State charges	6
County charges	1
Total	7

Report of one child, resident of Oneida County, requiring economic help in an institution of special type.

THOMAS INDIAN SCHOOL, IROQUOIS, N. Y.

Name: Summary

402, male. Indian child having lost its home due to separation of parents was placed in the Thomas Indian School by a relative and wholly supported by the State during the official years 1914-15, 1915-16, 1916-17.

Summary.—One Indian child from Oneida County has been cared for during the past three official years. Cause of dependency: Separation of parents. The State furnished entire cost of maintenance.

The following table shows the total number of children, residents or charges on Oneida County, in homes for children of essentially non-delinquent types, on the last day of each of the official years, 1914-15, 1915-16 and 1916-17.

INSTITUTION	September 20, 1915	June 30, 1916	June 30, 1917
House of the Good Shepherd, Utica	128	115	104
Oswego Orphan Asylum	1	1	.....
St. John's Catholic Orphan Asylum, Utica	146	130	115
St. Joseph's Infant Home, Utica	108	101	109
St. Joseph's Infant Home, Troy	3	3	2
St. Patrick's Orphanage, Watertown	3	3	.....
St. Vincent's Industrial School, Utica	79	84	113
Utica Orphan Asylum	103	104	102
Total	571	541	545

REPORT OF FIFTY-THREE MENTAL EXAMINATIONS MADE AT THE
HOUSE OF THE GOOD SHEPHERD, UTICA, N. Y.

Physical ages are given in Arabic numbers.

Mental ages are given in Roman numbers.

Scale used: Stanford Revision of the Binet Scale.

*By Investigators Mrs. Florence G. S. Fischbein and Catherine E.
Conway, January 22-February 19, 1918*

NAME	Physical age	Mental age	Grade	Summary
678, male.....	10 2/12	VIII 6/12	2A	Slow and unresponsive.
679, male.....	7 4/12	VI 10/12	1A	Does not appear as bright as the results of tests indicate.
316, male.....	8 11/12	VII 10/12	2B	Reactions rapid and normal.
317, female.....	12 9/12	IX 2/12	4A	Moron.
321, male.....	11 10/12	VIII	Special	Handicapped physically and mentally.
325, male.....	13 4/12	IX 5/12	Special	Appears like a boy who has about reached his limit mentally.
326, male.....	9 4/12	VIII 3/12	Special	Like his brother appears like a boy who is reaching his limit mentally. Distractible and unstable.
327, male.....	8 2/12	VI 4/12	1A	Tested irregularly. Backward boy.
328, male.....	9 6/12	VI 10/12	.....	Handicapped physically.
680, female.....	13 11/12	IX 4/12	5B	She is in all probability a high grade feeble-minded girl.
681, male.....	6 9/12	III 4/12	.....	Slow and unresponsive; young for age and backward.
334, male.....	7 5/12	V 9/12	Special	Sluggish mentally. May show greater retardation as he grows older.
337, female.....	11 11/12	VII 6/12	Special	Feeble-minded girl. Mental age about the same as it was over two years ago.
338, female.....	7 3/12	V 4/12	1A	Very backward mentally if not actually feeble-minded.
339, male.....	10 4/12	VIII 4/12	2B	Slow, backward with number sense undeveloped.
341, male.....	9 8/12	VI 8/12	Special	Feeble-minded boy. Has a marked speech defect.
682, female.....	7 2/12	V 10/12	1B	Retarded mentally.
683, male.....	7 7/12	VI 4/12	1B	Backward mentally.
344, male.....	9 7/12	VI 2/12	Special	Feeble-minded boy. Handicapped by a speech defect.
351, male.....	11 3/12	X 5/12	4A	Not up to grade in school but tests fairly well.
363, male.....	9 6/12	VI	Special	Feeble-minded boy. Speech defect.
364, male.....	11 8/12	IX	Special	Has probably reached his limit mentally. Has a marked speech defect.
684, female.....	7 4/12	V 2/12	.....	Mental development slow.
685, female.....	11 9/12	VI 7/12	Special	Feeble-minded girl.
686, female.....	7	V 3/12	1B	Mentally slow.
687, male.....	9 7/12	VII 2/12	Special	Inattentive and restless boy, made no effort with the slightly difficult eight and nine-year old problems.
372, male.....	12 11/12	VIII 10/12	4A	Feeble-minded boy.
688, female.....	7 11/12	VIII 6/12	2A	Reacted normally to tests.
376, male.....	8 10/12	VIII 6/12	2B	Almost normal according to tests.
377, male.....	12 10/12	IX 1/12	3A	Is probably reaching his limit mentally.
689, female.....	11 10/12	X 2/12	4A	Slightly backward mentally.
690, female.....	14 2/12	X 8/12	5B	Vocabulary limited. Associations not as free or as rapid as those of the average child.
387, female.....	12 7/12	VI 8/12	Special	Excitable, indifferent and unstable with a limited mentality.
691, female.....	10 7/12	VII 10/12	Special	Reactions normal but is very backward, due probably to neglect and irregular school attendance.
393, female.....	12 6/12	IX 9/12	5A	Little comprehension of abstract ideas. Is probably a moron.
394, male.....	7 2/12	VI 4/12	1B	Unpromising mentally. Heredity unusually bad.
396, male.....	13 1/12	XIII 2/12	6B	Intelligence high. Conduct very bad at times.
397, male.....	8 9/12	VIII 7/12	2A	Intelligence high.
692, male.....	7 4/12	VI 6/12	1A	Backward mentally.

REPORT OF FIFTY-THREE MENTAL EXAMINATIONS—*Concluded*

NAME	Physical age	Mental age	Grade	Summary
407, male.....	8 4/12	VII 8/12	1A	Slow child mentally.
693, female.....	8 3/12	VI 10/12	2B	Retarded mentally.
694, female.....	12 9/12	XII	4A	Reasons fairly well but is slow to grasp a new situation.
415, female.....	8 11/12	V 10/12	1B	Distractible child. Handicapped by a speech defect.
695, male.....	13 2/12	X 5/12	5B	Quick and responsive.
696, male.....	12 3/12	VII 10/12	4A	Very slow and dreamy. Considerably retarded mentally.
697, female.....	12 1/12	VIII	4B	Quick but not accurate, inattentive. Auditory memory poor.
417, female.....	10 9/12	VIII	2A	Very slow and backward, unresponsive.
698, male.....	7 11/12	VI 6/12	1A	Appears like a normal boy.
418, male.....	12 9/12	IX 5/12	5A	Physically and mentally defective.
699, female.....	8 4/12	VI 8/12	.....	Abnormal child; unresponsive with long blank intervals.
700, female.....	7 9/12	V 10/12	1B	Diffident child. Reactions slow.
701, male.....	5 1/12	V 8/12	.....	Although normal according to tests, his reactions were very irregular, movements quick and impulsive.
427, male.....	9 9/12	VIII 4/12	2A	Although slightly retarded according to tests he appears like a normal boy.

Of the number tested:

9 are of normal or average mentality.

13 are mentally retarded.

19 are border-line cases of mental deficiency.

12 are cases of actual mental defect.

REPORT OF FORTY-ONE MENTAL EXAMINATIONS MADE AT THE
UTICA ORPHAN ASYLUM, UTICA, N. Y.

Physical ages are given in Arabic numbers.

Mental ages are given in Roman numbers.

Scale used: Stanford Revision.

By Investigator Catherine E. Conway, February 2-12, 1918

NAME	Physical age	Mental age	Grade	Summary
702, female.....	13 10/12	VI 10/12	Special	Heredity defective. Low grade mentally.
703, male.....	10 6/12	IX 2/12	3A	Mind functions normally but slowly.
704, male.....	9 5/12	VI 10/12	1A	Backward mentally, but appears like a boy who will improve with training.
179, male.....	9 3/12	V	1A	Quick to respond but does not plan or reason simple six or seven year problems.
705, male.....	9 3/12	VII 6/12	2B	Mentally sluggish and dull. Unobserving and slow.
706, male.....	10 4/12	VIII 9/12	Special	Very slow and backward mentally.
707, male.....	7 2/12	VI 4/12	1B	Heredity defective. Inclined to be distractible and inattentive.
193, male.....	13 4/12	IX 10/12	Special	Heredity defective. Border-line case of mental deficiency.
201, male.....	10 2/12	IX 4/12	4B	Handicapped by a speech defect. Appears more backward mentally than the results of the tests show. Heredity defective.
203, female.....	14 10/12	IX 7/12	Special	Unstable type of mentally defective girl. Has made no noticeable progress in three years. Heredity defective.
204, male.....	12 8/12	IX 2/12	Special	Border-line case of mental deficiency.
205, male.....	13 10/12	IX 10/12	Special	Border-line case of mental deficiency. Unstable and suggestible. Performances uneven.

REPORT OF FORTY-ONE MENTAL EXAMINATIONS—*Concluded*

NAME	Physical age	Mental age	Grade	Summary
708, female....	11 7/12	IX 6/12	Special	Very slow and backward mentally. Misses small details.
709, female....	8 0/12	V 2/12	1B	Heredity defective (psychopathic). Very unpromising mentally. Slow, dull and unresponsive with motor coordination and sense of form poor.
219, male.....	11 0/12	VIII 4/12	4B on trial	Heredity defective. Border-line case of mental deficiency.
228, female....	8 4/12	VII 8/12	2A	Almost normal mentally according to tests.
710, male.....	8 3/12	VI 10/12	2B	Slow and backward mentally; does not adapt himself to new situations readily.
711, male.....	8 9/12	VII 6/12	1A	Fairly alert mentally.
712, female....	15 5/12	X 10/12	Special	Irresponsible girl of the amiable type.
242, male.....	11 2/12	VIII 11/12	Special	Border-line case of mental deficiency. Fails to adapt himself to new situations readily. Mental processes very slow. Stupid; speech defect.
713, male.....	8 2/12	VII 10/12	1A	Almost normal according to tests.
714, male.....	10 9/12	VIII 11/12	Special	Unstable in some respects. Reads very poorly. Vocabulary limited.
715, male.....	13 11/12	IX 7/12	Special	Mentally defective boy who does not adapt himself to new situations readily. Vocabulary better than that of the average boy of his type.
259, male.....	10 4/12	VIII	Special	Border-line case of mental deficiency. Effort poor. Reading poor.
716, female....	10 3/12	VII 8/12	1A	Very backward mentally. Number sense poor.
789, male.....	6 6/12	VI 1/12	1B	Slight speech defect. Distractible and inattentive. Reactions infantile.
267, male.....	10 6/12	VI 10/12	2B	Very slow and unoberving; appears unable to exert the mental effort expected of a seven year child.
268, male.....	13 4/12	X	5B	Backward mentally. Reacted slowly to tests.
717, male.....	7 0/12	V 10/12	.....	Handicapped by a bad speech defect. May show greater retardation as he grows older. Heredity defective.
281, female....	13 10/12	XI 8/12	6B	May be potentially feeble-minded. Conduct, more than low mentality, may prevent her from becoming a good citizen. Heredity defective.
282, female....	10 8/12	VII 8/12	Special	Exceedingly slow and sluggish mentally. Heredity defective.
283, female....	13 1/12	VIII 11/12	Special	Mentally defective. Heredity poor.
288, male.....	11 4/12	IX	4B	Mentally backward.
295, male.....	12 3/12	X	4A	Delinquent type of a backward boy.
297, male.....	11 10/12	VI	2B	Defective mentally.
718, female....	Between 7 and 8	VI	1B	Appears like a child who will show greater retardation mentally as she grows older.
305, male.....	9 11/12	VIII 3/12	Special	Distractible type. Heredity defective.
303, male.....	11 0/12	VIII 2/12	Special	Both of these boys are unpromising mentally and will probably show greater retardation as they grow older. Heredity defective.
719, male.....	9 2/12	VII 4/12	2B	Reactions very slow; heavy stolid type mentally.
720, male.....	8 0/12	VI 8/12	1A	Appears brighter than the results of the tests indicate. Father criminalistic.
310, male.....	13 2/12	XI 2/12	6B	Higher mental processes fairly well developed. Father criminalistic.

Of the number tested:

- 9 have definite mental defect.
- 12 are border-line cases of mental deficiency.
- 15 are mentally retarded.
- 3 are normal mentally.
- 2 are mentally retarded but because of an age discrepancy the intelligence quotient could not be ascertained.

REPORT OF FORTY-FOUR MENTAL EXAMINATIONS MADE AT ST.
VINCENT'S INDUSTRIAL SCHOOL, UTICA, N. Y.

The selection of the boys to be tested was made by the Principal of the school and by the Investigator who took those boys who were three or more years retarded according to school grade.

Physical ages are given in Arabic numbers.

Mental ages are given in Roman numbers.

Scale used: Stanford Revision.

By Investigator Catherine E. Conway, February-March 21, 1918

NAME	Physical age	Mental age	Grade	Summary
751, male.....	10 1/12	VII 6/12	1	Mouth breather, may be suffering from enlarged tonsils or adenoids. Mentally slow and sluggish.
752, male.....	14 11/12	LX 8/12	5	Unresponsive and quiet. Appears like an amiable type of a mental defective boy. Heredity bad.
753, male.....	15 6/12	IX	5	Mentality limited. Slow to grasp a new situation.
754, male.....	13 0/12	IX 7/12	3	Has probably reached his limit mentally. Has been in the third grade several terms. Father deserted family.
755, male.....	13 1/12	IX	4	Teeth resemble Hutchinson type. Tongue fissured and scarred, due probably to the effects of an operation. Mentality limited.
335, male.....	14 4/12	VII 4/12	4	Defective delinquent. Heredity bad. Has not made any mental progress since 1915 when he was examined mentally.
336, male.....	15 7/12	IX 2/12	3	Defective delinquent. Heredity bad. Like his brother, has not made any mental progress since 1915 when he was examined mentally.
756, male.....	12 10/12 or 13 10/12	VIII 9/12	2	Excitable, unstable boy. Suggestible. Reactions infantile.
757, male.....	14 1/12	IX 1/12	3	Uses English poorly. Is lacking in comprehension and is dull. Father could not discipline him.
758, male.....	10 0/12	VI 6/12	1	Mother alcoholic. Has been in a home for inebriates. Child is slow, stolid and indifferent. Mentally unpromising.
759, male.....	8 7/12	VII 2/12	1	Slow, backward boy.
760, male.....	16 9/12	IX 7/12	6	Defective physically and mentally.
761, male, same as 132, male.	14 11/12	X 3/12	5	Been at State reform school twice. Indifferent, sullen and not persevering.
762, male.....	9 11/12	VIII	3	Heredity bad. Responsive, but backward mentally. Appears like a boy who will show greater retardation as he grows older.
345, male.....	13 1/12	IX 3/12	3	Father alcoholic. Mother immoral. Child has been in another children's home. Is not making much progress mentally.
152, male.....	11 3/12	VII	1	Heredity bad. Defective mentally.
763, male.....	15 4/12	VII 4/12	3	Heredity bad. Defective mentally. Comprehension poor. Has a good understanding of language.
764, male.....	13 5/12	VIII 6/12	3	Memory fair. Slow in use of words, but judgment is better than results indicate. Is bashful and easily blocked. Committed for improper guardianship. Features regular.
765, male.....	11 0/12	VII 4/12	.....	Slow, diffident and has a small vocabulary. Father insane.

REPORT OF FORTY-FOUR MENTAL EXAMINATIONS—*Concluded*

NAME	Physical age	Mental age	Grade	Summary
766, male.....	13 2/12	VII 4/12	2	Effort poor; very little initiative. Mental processes slow.
767, male.....	12 9/12	VII 6/12	1	Stolid, indifferent boy. Comprehension poor.
768, male.....	14 0/12	IX 10/12	5	Backward, dull boy. Appears like a boy who has reached his limit mentally. Family shiftless.
787, male.....	14 0/12	IX 7/12	4	Delinquent type. Responds readily but is unable to reason slightly difficult ten and twelve year problems. Family shiftless.
769, male.....	8 9/12	VII 6/12	3	Stolid, unresponsive and slow boy. No stigmata.
770, male.....	13 3/12	VIII 1/12	3	Responses prompt but shows limited comprehension and dull mentality. Regular features, blue eyes and black hair.
771, male.....	12 10/12	VII 7/12	2	Ability limited. Effort poor. Speech thick. Back of head flat.
772, male.....	8 10/12	VI 8/12	1	Distractible, excitable boy. Does not apply himself to problems at hand.
773, male.....	9 6/12	VII 8/12	.....	Backward, cannot read. Rather alert. Some confusion as to date of birth.
774, male.....	14 11/12	IX 10/12	5	Mentality limited. Typical colored features.
262, male.....	12 1/12	IX 11/12	3	Has not made much mental progress since his mental examination in 1915. Mother insane.
775, male.....	13 2/12	VII 8/12	3	Self-conscious, slow and indifferent. Effort poor.
776, male.....	14 10/12	IX 1/12	5	Slow and backward. Vocabulary limited. Comprehension poor.
777, male.....	11 5/12	VI 2/12	1	Slow and unresponsive; blocks; poor effort. peculiar expression, slight facial tic.
778, male.....	12 11/12	VIII 8/12	5	Both parents have been in jail for intoxication. Mother has been in a home for inebriates. Child is a border-line case of mental deficiency.
779, male.....	12 10/12	IX 4/12	3	Mother deserted family. Child has very little ability to plan or reason. Backward mentally. May be an age discrepancy.
788, male.....	16 0/12	VI 7/12	3	Mentally defective. Reactions typically feeble-minded. Silly grin; short features; black, choppy hair; shoulders stooped; gait awkward.
780, male.....	11 10/12	IX 4/12	2	Sister a moron. Child is backward but not mentally defective. Responsive and prompt.
781, male.....	12 3/12	VII 10/12	2	Unresponsive, unobscerving and dull. Vocabulary limited.
782, male.....	14 6/12	VII 8/12	5	Heredity bad. Distractible and inattentive. Number sense limited. Comprehension poor.
783, male.....	14 11/13 or 15 11/12	X 5/12	3	Mother immoral. Father deserted. Better vocabulary than usual for his class. Backward mentally.
784, male.....	11 2/12	VII 8/12	3	Father deserted, mother and sister mentally deficient. Unresponsive, timid and slow. Mentally unpromising.
785, male.....	13 2/12	VIII 5/12	2	Heredity bad. Sluggish and slow mentally. Slight speech defect. Teeth irregular and worn.
786, male.....	14 4/12 or 15 4/12	IX	2	Both parents alcoholic. Mother immoral. Quite unpromising mentally. Reactions slow.

Of the number tested:

30 are considered to have definite mental defect.

8 are border-line cases of mental deficiency.

5 are mentally retarded.

REPORT OF THIRTY-ONE MENTAL EXAMINATIONS MADE AT ST.
JOHN'S CATHOLIC ORPHAN ASYLUM, UTICA, N. Y.

Physical ages are given in Arabic numbers.

Mental ages are given in Roman numbers.

Scale used: Stanford Revision.

*By Investigator Catherine E. Conway, February 21 to March 5,
1918*

NAME	Physical age	Mental age	Grade	Summary
721, female....	14 7/12	XII 3/12	5	Handicapped physically. Slow mentally but reasons fairly well.
722, male.....	9 10/12	V 7/12	1	Mentally unpromising. Slight strabismus. Features irregular.
723, female....	13 1/12	VII 11/12	3	Heredity bad. Excitable and nervous. Timid. Does not appear as dull as the results of the tests indicate.
724, female....	10 2/12	VII 2/12	3	Father criminal. Mentally slow, dull and sluggish. Anemic appearance.
725, female....	8 11/12	IV 4/12	1	Distractible, restless child with low mentality. Head rachitic. Gait spastic.
726, female....	9 9/12	VII 4/12	1	Backward child whose previous training has been neglected.
727, male.....	6 1/12	IV 4/12	1	Shy, unresponsive child. Did not react well to tests. Heredity bad.
728, male.....	14 1/12	VIII 6/12	4	Heredity bad. Mentally dull. Effort good.
729, female....	9 3/12	VIII 4/12	3	Distractible, restless and inattentive child.
730, female....	11 7/12	VII 4/12	1	Self-conscious and slow. Effort poor.
731, female....	11 11/12	VII	1	Responded readily but has a limited mentality.
732, female....	14 2/12	IX 2/12	6	Reasoning processes slow and undeveloped.
733, female....	13 9/12	VIII 3/12	3	Heredity bad. Poor sense of number. Vocabulary limited. Fairly responsive.
734, male.....	8 5/12	VI 4/12	1	Impulsive, excitable, unobserving and suggestive.
735, female....	10 3/12	VIII 3/12	3	Timid and slow. Effort poor.
736, female....	13	VIII 10/12	3	Effort good but has a limited mentality. Previous training neglected.
737, male.....	8 11/12	IV 8/12	1	Low grade mentally. Heredity bad.
738, female....	12 7/12	VI 10/12	3	Dull and apathetic. Does not take directions readily. Slight speech defect.
739, female....	9 8/12	VII 10/12	3	Vocabulary limited. Number sense poor.
740, female....	13 2/12	VIII 4/12	6	Mentally slow and sluggish. Can not handle abstractions. Unobserving.
741, female....	9 7/12	V 6/12	1	Unresponsive, slow and unfamiliar with common objects. Unpromising mentally.
742, male.....	6 4/12	VI	1	Does not show much retardation according to tests but appears like a child whose mental development will be slow.
743, female....	12 4/12	VIII 8/12	3	Careless about details. Slow and backward.
744, male.....	9 11/12	VI 10/12	3	Does not appear as backward as results of tests indicate.
745, female....	12 1/12	VII 5/12	1	Does not learn readily from experience. Slow and backward. Heredity bad.
746, female....	15 10/12	VIII 4/12	6	Cannot plan or reason slightly difficult problems. Misses minor details.
747, female....	15 10/12	VIII 8/12	5	Heredity defective. Unresponsive and sluggish mentally.
748, female....	11 10/12 or	VIII	3	Unpromising mentally. Vocabulary limited; unobserving.
749, female....	12 10/12			
749, female....	15 1/12	X 1/12	6	Impulsive and unstable type mentally. Heredity defective.
750, female....	13 10/12	IX 1/12	4	Higher mental processes not well developed. Self-conscious.

Of the number (31) tested:

21 are considered to have definite mental defect.

5 are border-line cases of mental deficiency.

3 are mentally retarded.

2 test almost normal but both show peculiarities of conduct which make them almost as great a problem to the institution as those who are more backward mentally.

REPORT OF THE FIVE MENTAL EXAMINATIONS MADE AT ST.
JOSEPH'S INFANT HOME, UTICA, N. Y.

Physical ages are given in Arabic numbers.

Mental ages are given in Roman numbers.

Scale used: Stanford Revision.

By Investigator Catherine E. Conway, March 6, 1918

NAME	Physical age	Mental age	Grade	Summary
674, male.....	8 1/12	IV 6/12	1	This child has been almost totally blind since birth. Sight improved some at present. Mental development probably retarded because of this physical handicap. Quite unpromising mentally.
675, male.....	6 1/12	III 6/12	1	Although quite young this boy is quite unpromising mentally. Distractible, inattentive, not familiar with common objects, does not take simple directions readily and is not very amiable.
676, female.....	7 0/12	IV	1	Appears quite undeveloped mentally and physically. Comprehension poor. Does not adapt herself readily to new situations.
677, male.....	6 9/12	III 6/12	.....	Comprehension poor; does not take directions readily, does not understand simple conversation. Speech defect, unfamiliar with common objects. Facial expression blank. Heredity poor.

Of the five children tested:

4 have definite mental defect.

1 is a border-line case of mental deficiency.

CHAPTER IX

THE DELINQUENT CHILD

Actual and Potential Social Liabilities

The definition of the delinquent is of greater difficulty than appears at first thought. Legally they have in conduct transgressed the law as laid down in the statute books. From the medico-psychological viewpoint the delinquent is the person who has been unable to make an adequate balance of the affairs of life as they unrolled before him, and as a result his symptom-behavior takes on the aspect of pathological conduct. His conduct, i. e., his "crimes" represent in him the final budding and ultimate flowering and fruition of all those biochemical processes received as heredity, developed through the period of adolescent personality-making and used as the I-myself of that individual in his struggle with the organic and inorganic stresses of the world of reality.

To adequately present the causal factors of any delinquent act we must search then for (1) the *precipitating* cause which accounts for the final crash; (2) the *contributing* cause as represented in the general status of organ weakness in that individual, which accompanying and partly directing the main trends of the personality tends to shape symptom-behavior into fairly classifiable ruts of conduct; (3) determiners (dominant traits) or lack of determiners (recessive traits) received from ancestor germ-plasm for ultimate social, economic or biologic success or failure.

It is obvious then that any one individual delinquent may have the essential causal factor for his particular failure as a social asset spring from either field 1, field 2 or field 3 as just outlined. Indeed, not only may the causal factor loom large in any *one* of these fields, but it must also be remembered that all three of these fields may, and probably do, have an almost equal share in the final crash. And further, there are cases when through a sort of prepotence of causal force in one or all of these three fields the final delinquency stands out as particularly amazing especially as viewed from the standpoint of ordinary prudence and affective inhibition. What is the practical value of this? Simply that each delinquent should be treated by society on the idea that his

delinquency is the end-product of individual conscious needs, and subconscious wish-trends developing in a personality make-up bearing certain definite limitations from ancestor heritage. What does this imply? That society must cease to generalize in its care of the antisocial and substitute instead the actual determination of the mental, physical and economic status of each such person. Having done this it must then proceed to separate the different groups of offenders and to segregate and further care for them according to their needs and capabilities. The delinquent is an individual having had to make adjustment to certain definite problems. His symptom-behavior while perhaps quite justifiable in his own eyes is looked upon as reprehensible by our social order and he thereupon comes under the ban of the law. That there is a broad and misty border-line between conduct which is eminently sensible and normal and between that which is "shady" and near-brother to "crime" no one will deny. We have all peered over the fortifications of our own social righteousness from time to time and gazed wonderingly into that exciting no-man's land, and if we withdrew our gaze and marched on again with the great bulk of our neighbors we were called a safe, normal, well-balanced citizen. Here and there a man, or a woman, or a child, gazing into the forbidden land, runs away from home or comrades seeking — what? Seeking to find in conduct that which would satisfy the urge of ego — the deeply buried trends that are personality itself. The actual "crimes" that result are in many cases the accident of circumstances of the moment. Running away from home may be the expression of a means for getting away from an undesired or intolerable situation there, as well as a means for obtaining some other subconscious wish not directly associated with the home. No one starts out to do wrong *per se*. He starts out as the result of inner urge to so change his environment that he will be happier. Through mental defect, physical weakness, pathological types of personal make-up, organic failures, overwhelming stress of environment and a combination of circumstances he cannot change, his attempt to realize the happiness found in wish fulfillment fails and then comes the *crash*. Symptom-behavior is from that instant on the ultimate end-product of all that the individual has been developing into up

to that moment. The more mentally or physically defective they are, the more inadequately will they react to the demands of reality facing them. Some reaction *must* take place. That which takes place in certain cases we connote "delinquency," or "crime."

Let us not think of one person as "normal" and as such, immune to breakdowns; or that another person is "insane" and thus set apart in a queer and unknowable way; or that a third is a criminal and "delinquent" and as such is to be thrust out of the pale of all human contact. Let us, rather, think of all of us as just human beings, each showing a certain level of *quantitative* intelligence capacity and an accompanying *qualitative* affective component. Neither factor ever exists alone. The relative "amount," as it were, of each of these factors is variable toward the other, hence all sorts of shading of the combination of the two can take place. Quantitative intelligence has to do with the facts of ideation. The qualitative affective component is the dynamic force which *must* accompany every "idea" which we have. The value of the affect as to any specific idea either conscious or subconscious may vary from just above nothing to the most extreme degree. But at least *some* trace of the qualitative affect component must be in every mental process or else the idea could not stay with us and continue to exist. The fixation and assembling of perceptive impressions into a final group of usable associated ideas is inconceivable without postulating the concomitant and always present affect component. In looser terms we speak of the mental defective, referring here essentially to the quantitative intelligence defect; and to the "temperamental" personalities, with or without mental defect,—the "impossible" people who are neither actually insane nor fools. These latter — the temperamentals, the odd-sticks, the headstrong, ungovernable child, the unsympathetic "misunderstood" person, the spirit forever at war with the world of things as they are — these Bolsheviks of the social standards — these are the *affective deviates*. They are the "temperamentals" who may or may not be mentally defective from the quantitative standpoint. The person who becomes delinquent through sheer quantitative intelligence defect may or may not show affect deviations. This brings us to

the consideration of the fact that there are mental defectives who show a very good affect balance. When they are simple mental defectives — i. e., quantitative intelligence capacity is low — they require simple segregation and custodial care and are not especially prone to antisocial acts except as the dupe of some vicious leader. When the mental defect is not so bad and if affect balance (inhibitory discretion and control) is good *then* that mentally defective person will, under training suited to his capabilities, be an economic asset of society as one of the lowly manual laborers of the world.

But the moment that there comes imbalance between affect component or affect inhibition in relation to general ideation (quantitative intelligence) then comes symptom-behavior inimical to society. It is in the differentiation of these points that those who are inclined to scoff at laboratory methods for intelligence determination make their greatest mistake. How trite become the statements, "Why he is a very knowing criminal — he doesn't show anything by your Binet-Simon scale." Quite true, but why neglect the determination of his affect status. It is in the direction of this latter that much of our future work must proceed if it is to be of practical value to the courts and society at large.

It is, then, the affect component of our everyday intellectual life that drives us "to do things;" and it is evident that pathological deviation in this same affect component is one of the most constant and significant findings among the delinquent. In fact we may say it is always the finding except where symptom-behavior depended upon mental defect (quantitative intelligence defect) so gross as to make the individual dupe a mere babe to his exploiters in crime. Barring these last then, we should seek for affect deviations in all our old and antisocial types. And just here let it be said that deviations being found in the affective field makes it quite to be expected that there should exist along with it but not necessarily parallel to it deviations, or defect in the quantitative intelligence field as well. Hence we find: (a) Delinquents with quantitative intelligence defect as the outstanding feature: but with good affective balance. This is the type of the simple dupe — "I didn't know it was wrong."

(b) Delinquents with quantitative intelligence defect and

affective deviation. The low grade habitual criminal who is quite unteachable beyond the simplest things, and is unreformable.

(c) Delinquents with little quantitative intelligence defect but with much affective deviation. The "clever," good-appearing, heartless type; a constant grief to their families for their lack of desire to do better.

(d) Delinquents with normal or super-normal quantitative intelligence capacity, with fairly good affective balance. The type which comes into contact with the law due to the urge of unconscious trends and badly handled mental conflicts. They respond to means for unloading the mental burden. Psychoanalysis and intensive personal attention is necessary. They are the type who make the glorious reformations. Their symptom-behavior although classed as a delinquency is closely akin to a psychosis.

(e) Delinquents with normal or nearly normal (but very rarely indeed as super-normal) quantitative intelligence capacity, but with marked affective deviations. This type is the intelligent talker but utterly vicious and heartless actor on the stage of the world. Cunning and ruthless they are an ever-present danger to society as long as they live and should be permanently segregated as abnormal psychotic types.

(f) Delinquents who may or may not show quantitative intelligence defect, with or without marked affect deviations; but whose symptom-behavior is colored by the neuro-psychotic elements of epilepsy which may exist quite unrecognized by the family and general public. The relationship between the mental mechanism for the production of an epileptic seizure and the symptom-behavior of dementia praecox, paraphenias and allied psychoses dependent upon deviations in personality and reaction to unhealthy buried trends must always be kept in mind.

(g) Delinquents whose symptom-behavior is the result of a pure psychosis of an essentially non-organic type. The revenge crimes, the office and prison paranoiacs, "Jack the rippers," sex crimes, assaults with desecration, the psychasthenics, the incurable grouches, the antisocial grudges, the sensitive, the finicky, the

arsonites, the kleptomaniacs, all represent an individual's reaction to the buried trends of his mental life.

(h) Delinquents whose symptom-behavior is the result of a pure psychosis of an organic type. The grandiose financier who becomes the embezzler and is found to suffer from general paresis. The assaults occurring in alcoholic delirium and the sex trends in the senile deteriorations are further examples. The peculiar fabrications of a psychosis of the Korsakoff type are to be distinguished from the self-pleasing flights of fancy seen in the pathological lying of the more essentially developmental defect conditions.

(i) Delinquents who are normal persons acting through quite conscious motives for ulterior purposes. There are not many of this latter type in civil life. The exigencies of war brings them out more forcibly than anything else.

(j) Delinquents who are normal and are victims of circumstances. These are much more rare than we formerly thought. Poor judgment as shown in symptom-behavior connoting crime and delinquency is of itself presumptive evidence of mental defect or disorder and should be so considered until disproved.

For administrative measures the whole mass of delinquents (who are not classed as actual felons) are divided into those 16 years of age or less, and those over 16 years. This differentiation is made on the grounds of separating those who are essentially children from those of more mature years. It is on this account that some of the individuals examined for this survey are cared for in institutions designed primarily as homes for children, others in institutions caring specifically for delinquents who are children and others again in institutions for delinquent types of more mature years. The personal viewpoint of the judge ordering the commitment also makes it difficult to accurately sift out those cases committed to institutions who have shown actual delinquencies and are committed as such, and the actual or potential delinquent child who is committed on the all-embracing term of improper guardianship and is thus saved from the stigma of being legally classed with the more definite delinquencies. Further, for the purpose of a survey, the age of the individual has little to do with the possibilities of future usefulness as a civic

asset as all this depends upon the quantitative intelligence and qualitative affect deviations present in the personality. If, as is believed to be true, the main trends of life are well laid down before the age of seven, and if potential delinquents show up in symptom-behavior from the earliest years of school life, and that practically all actual delinquents have actively entered upon their career before the age of twenty-one, then it is realized how important becomes the early determination of such potentialities and the mapping out of a course of procedure for such an individual which will assist him in overcoming handicaps handed down from ancestors, mental conflicts engendered between the wishes of personality and the forces of environment and the finding of outlets useful to society for activities which would otherwise be misdirected and lead to odd or delinquent conduct.

To the psychiatrist the problem is rendered easier if the facts as to mental needs of the individual can be obtained when the first symptoms of dissatisfaction with society as at present constituted appear. The determination of the mental and physical status should then be made and the causes of the antisocial conduct ascertained in order that by their removal the individual may return to the ranks of the useful citizen and future difficulties of a like sort obviated.

Some of the children previously listed in Homes for Children in Oneida County have committed delinquencies but all were of such a minor type that the committing officers did not think it advisable to commit them to institutions for the more hardened types. The delinquents of Oneida County of this latter sort were for the most part committed to institutions lying outside the borders of the county. The tables which follow deal with these as contrasted to the children in Homes for essentially non-delinquent types situated within Oneida County.

REPORT OF THREE MENTAL EXAMINATIONS MADE ON DELIN-
QUENT CHILDREN, RESIDENTS OF ONEIDA COUNTY, AT THE
GUARDIAN ANGEL HOME, TROY, N. Y.

Scale used: Goddard 1911 Revision.

By Investigator Marion Collins, December, 1917

NAME	Physical age	Mental age	Summary
443, female.....	10	Approximately X(?)	(Not tested owing to having been discharged.) Physical condition fair. Mental status seemed good, intelligent. Committed for truancy. Father in jail. Mother dead.
444, female.....	14 6/12	VIII	Physically undersized. Mental defect, low-grade moron. Incest with brothers. Committed as ungovernable and disorderly. No grasp on meaning of her conduct.
445, female.....	15 9/12	VIII 2/5	Physical health not bad. Mentally defective, low- grade moron. Now in fourth grade in school. About five to six school years retarded.

Summary:

- 3 delinquent children.
- 1 mental status unascertained.
- 2 low grade morons.

REPORT ON THIRTEEN DELINQUENT CHILDREN, RESIDENTS OF
ONEIDA COUNTY CARED FOR AT THE SHELTER FOR UNPRO-
TECTED GIRLS, SYRACUSE, N. Y.

For the year period 1914-15, 7 girls were cared for; for the
year period 1915-16, 3 girls were cared for; and for the year
period ending June 30, 1916-17, 3 girls were cared for; a total
of 13, all of whom were cared for as charges on Oneida County.

A summary of these cases shows:

Admitted July 1, 1914 to June 30, 1915.

- Name: Cause of Commitment.
- 446, female. Bad influence at home. "Mother mental defec-
tive. Father epileptic and alcoholic."
- 447, female. "Ungovernable," and delinquent.

- 448, female. "Immoral." Transferred from another institution for delinquents. Sex offender.
- 449, female. "Demoralizing influences at home."
- 450, female. "Mother deserted her, father alcoholic." This girl was placed out in a private home but ran away with a married man and was arrested and committed. Sex offender.
- 451, female. "Father dissolute," mother dead. This girl was ungovernable and a sex offender.
- 452, female. "Father irresponsible." Mother dead.

Admitted July 1, 1915 to June 30, 1916.

- | | |
|--------------|--|
| Name: | Cause of Commitment. |
| 453, female. | Mother alcoholic and "dissolute." The girl was removed from home on account of evil home environment and delinquency. |
| 454, female. | Sister of No. 450, female. Mother had deserted them and father was alcoholic. Her sister eloped with a married man. This girl removed from home on account of "demoralizing influences" and delinquency. |
| 455, female. | Father alcoholic and mentally defective. Mother dead. Removed from home on account of bad influences, and delinquency. |

Admitted July 1, 1916 to June 30, 1917.

- | | |
|--------------|---|
| Name: | Cause of Commitment. |
| 456, female. | Mother and father mental defectives. Delinquent. This girl was transferred here from another institution for delinquents. |
| 457, female. | Family history unknown. Delinquent who was transferred here from another institution. |
| 458, female. | Family history unknown. Girl was "ungovernable," and delinquent. |

REPORT OF FOUR MENTAL EXAMINATIONS MADE ON CHILDREN
AT THE SHELTER FOR UNPROTECTED GIRLS, SYRACUSE, N. Y.

Scale used: Goddard 1911 Revision.

By Investigator Marion Collins, April, 1915.

NAME	Physical age	Mental age	Summary
403, female.....	10 4/12	IX 2/5	Mentally one year retarded. Physical health good. Makes a good impression. Committed as delinquent.
404, female.....	12	VII 2/5	Physically anaemic. High-grade imbecile. Committed as delinquent. Her sister is a case of mental defect and cared for in an institution for delinquents.
405, female.....	15 5/12	XII plus	Physical health good. Mentally, no marked defect. Committed as juvenile delinquent, as having bad influence on other children. Her sister shows mental defect and two brothers are mentally retarded.
406, female.....	12	XII plus	Physical health good. Mentally, no marked defect. Committed as juvenile delinquent. Was formerly inmate of orphan asylum. Mother dead.

Summary:

4 delinquent children.

2 show actual mental defect. One has sibling showing mental defect.

2 show no marked quantitative intelligence defect. One of these has siblings showing intelligence defect.

REPORT ON EIGHTY-NINE DELINQUENT CHILDREN, RESIDENTS
OF ONEIDA COUNTY WHO WERE CARED FOR AT THE STATE
AGRICULTURAL AND INDUSTRIAL SCHOOL, INDUSTRY, N. Y.

	Year period July 1, 1914, to June 30, 1915	Year period July 1, 1915, to June 30, 1916	Year period July 1, 1916, to June 30, 1917
Total number of children native or residents of Oneida county in the institution wholly at State expense.....	41	16	32

Of the 89 children cared for in the institution, the following factors are related:

Symptom-behavior of an antisocial type..... 89

The 89 cases of antisocial conduct had as outstanding complicating factors the following:

	Cases
Alcoholism	3
Drug habits	0
Mental defect of marked intensity	4
Mental defect characterized as "slow mentality"	42
Mental defect with psychosis	1
<hr/>	
Total: Mental defect	47
Epilepsy	2
Physical disease as economic handicap	0
Physical condition as economic handicap:	
Defective vision	11
Defective hearing	8
<hr/>	
Total: Physical handicaps	19
Dependency related to parental causes:	
Parents separated	8
Parents alcoholic	14
Parents "brutal"	5
Parents dead	17
Parents "neglected"	23
Parents "immoral"	16
Parents mental defect or insane	5
Unascertained	1
<hr/>	
Total	89

REPORT OF THE MENTAL EXAMINATION OF 42 OF THE FOREGOING
89 CHILDREN, RESIDENTS OF ONEIDA COUNTY.

*Data furnished and examinations made by the staff of the State
Agricultural and Industrial School, Industry, N. Y.*

Scale used: Goddard 1911 Revision.

NAME	Physical age	Mental age	Summary
459, male.....	15	Normal	Is rated as normal. His habits are cunning, tricky and dishonest. Is a leader. Before commitment here was arrested for truancy and for burglary. Has a comfortable home in good location, but parents cannot control him. Father an Armenian, can read and write, temperate, but a weak character. Mother an Armenian, can read and write, temperate, but a weak character.
480, male.....	?	?	An intelligent boy. Father is Dutch, can read and write, temperate, but neglected his parental duties. Home poor and children had been cared for in the almshouse. An aunt had epileptic fits.
460, male.....	10	VIII	Parents are Armenians, could read and write, were temperate. Child had been in House of Good Shepherd for three years.
481, male.....	11	X	Arrested once for stealing before he came to the School. Father an Armenian, could read and write, moderate drinker, dishonest. Mother illiterate, temperate. Home very bad and destitute, lowest home environment.
461, male.....	9	VIII	Fair intelligence. Habit of running with wild boys. Father an Armenian who reads English, intemperate. Mother an Italian, reads English, temperate. Boy arrested once before he came to the institution. Home comfortable, but influence bad.
482, male.....	15	XII	Two arrests prior to commitment here, and had been in St. Vincent's Home one month. Fair mentality, but was a truant. Father an Italian, illiterate and intemperate. Mother dead four years.
462, male.....	14	XIV	Four arrests prior to commitment here, for stealing and leaving home, and had been in St. Vincent's Home for one year. Father an Italian, reads Italian, moderate drinker. Mother Italian, illiterate, moderate drinker. Nine children in the family. Home fair. Brother arrested for stealing autos, now serving time in Auburn prison.
483, male.....	12	IX	Four children in the family. Had been arrested three times for truancy and being out at night. Has poor mentality. Father arrested for intoxication; sister arrested for being out nights and was sent to the Troy home. Father German, reads English and is intemperate. Mother an Armenian, temperate, can read and write.
463, male.....	12	X	Fair intelligence. Five children in the family; home comfortable. Father an Italian, can read Italian; a moderate drinker. Mother an Italian, illiterate; moderate drinker.
484, male.....	15	?	Poor mentality; speaks only Polish. Seven children in family. Parents Polish, temperate, illiterate.
464, male.....	14	XIII	Fairly intelligent. Five children in family; home fair. Parents Armenians, can read and write. Father intemperate; mother temperate.
485, male.....	11	IX	Fair intelligence. Had been arrested twice for stealing. Five children in family; home comfortable, but father did not look after the boy. Parents Italian, illiterate. Father intemperate.
465, male.....	11	VIII	Poor intelligence. Ten children in family; home poor. Brother arrested for truancy, burglary and larceny. This boy was a truant and did poor work in school. Parents Austrian-Polish. Father can read and write, moderate drinker, dishonest. Mother illiterate, temperate, dishonest.

REPORT OF THE MENTAL EXAMINATION OF 42 OF THE FOREGOING
89 CHILDREN — *Continued*

NAME	Physical age	Mental age	Summary
486, male.....	13	X	Good intelligence. Ten children in family. (Same as one previous.)
486, male.....	13	X	Fair intelligence. Seven children in family. Father an American negro, temperate, can read and write. Mother, American negro, can read and write, temperate. Home poor.
487, male.....	13	XI	Had two previous arrests for truancy and had been in St. Vincent's Home on two different occasions, for four months and six months. Eight children in family. Parents Italian. Father intelligent, temperate and reads Italian. Mother illiterate, temperate.
487, male.....	12	XI	Is a truant and had been in St. Vincent's Home. Five children in family. Father Italian, can read and write; is intemperate. Mother Italian, illiterate and temperate.
488, male.....	12	?	Had been arrested for stealing before he came here. Four children in family. Parents American, can read and write, temperate.
488, male.....	12	?	Had three arrests for deserting home and stealing. Father is temperate and can read and write; mother has been dead for years.
489, male.....	12	?	No regard for honesty or truth, and gambles. Five in family; one sister has fits. Father American, intemperate, can read and write. Mother Irish, temperate, can read and write.
489, male.....	15	VIII	Had been arrested for deserting home and stealing. Seven children in family. Parents Austrian Poles. Father illiterate and intemperate. Mother reads Polish and is temperate.
490, male.....	14	XII	Had one arrest for stealing. Two boys in family. Parents American, temperate, can read and write. Brother arrested for stealing.
470, male.....	14	?	Is of Polish descent and cannot speak English very well. No record of parents.
491, male.....	11	XI	Had been arrested once for being ungovernable and had been at St. Vincent's Home two months. Four children in family. Father Scotch, temperate, reads and writes. Mother American, reads and writes, is temperate.
471, male.....	12	XII	Arrested twice for stealing. Six children in family. Parents Austrian Polish, read Polish. Father intemperate, mother temperate.
492, male.....	15	VIII	Had one arrest for stealing. Parents American, can read and write, temperate. Only one child.
472, male.....	14	XIV	Had been arrested for stealing. Parents Russian Polish, read Polish. Father moderate drinker; mother temperate. Five children in family.
493, male.....	11	IX	Had been arrested for stealing. Eight children in family. One brother at St. Vincent's Home. Parents Polish, read Polish. Father intemperate; mother temperate.
473, male.....	12	XI	Fair intelligence. Father Armenian, illiterate, intemperate. Mother temperate, can read and write.
494, male.....	11	X	Arrested once for stealing. Nine children in family. Father American German, reads and writes, intemperate. Mother American, reads and writes, intemperate.
474, male.....	14	?	Nine children in family. Father dead. Mother German, can read English; temperate.
495, male.....	11	X	Had been at Berkshire Farm seven years; had been at Utica Orphan Asylum. Three in family. Father American, reads and writes, temperate. Mother an American, reads and writes, temperate.
475, male.....	11	XI	Had been at St. Vincent's one year and had been a truant. Threes in family. Father has been dead eight years. Mother Italian, illiterate, temperate.
496, male.....	15	?	Arrested once. Had been in St. Vincent's six months and was a truant. Father Italian, illiterate and intemperate. Mother Italian, illiterate and intemperate. Seven in family.

REPORT OF THE MENTAL EXAMINATION OF 42 OF THE FOREGOING
89 CHILDREN—*Concluded*

NAME	Physical age	Mental age	Summary
476, male.....	14	?	Boy had a bad influence on other boys. Eight in family. Brother arrested for car burglary. Good mother but a bad father. Parents Italian, illiterate. Father intemperate. Mother temperate.
497, male.....	14	?	Has been arrested for stealing and truancy. Has defective vision. Eight in family; one boy in Elmira Reformatory and three are in the Army. Father reads Italian, a moderate drinker. Mother, Italian, has been dead for years.
477, male.....	15	?	Two arrests for stealing and had been in St. Joseph's Orphan Asylum, Utica, for two years, and in St. Vincent's Orphan Asylum for three years. Father dead. Mother Italian, illiterate, temperate.
498, male.....	15	XV	Arrested twice for stealing. Five in family. Father German Polish, reads Polish, temperate. Mother Russian Polish, temperate, reads Polish.
478, male.....	13	XIII	Arrested twice for stealing; is a disturbing element; bad example; lawless and defiant. Parents American, can read and write, are moderate drinkers.
499, male.....	14	XIV	Arrested for burglary, truancy and larceny. Seven in family. Parents Welch, can read and write, are temperate.
479, male.....	13	XIII	No record of parents.
500, male.....	12	XII	Was a chronic truant, ran away from St. Vincent's Home; arrested for truancy, stealing and being out nights; shows a depressed state of mind and is extremely nervous; bad-tempered and impulsive. Is much more quiet and more cheerful and is doing better school work under the regular regime of our School. Is an attractive, rather likable boy. Home was fairly comfortable but home training poor. Father under arrest for neglect of family; is illiterate. Mother apparently a good woman. This boy's uncle an inmate of the Almshouse, four State Hospitals and a Penitentiary.

REPORT ON THREE CHILDREN, RESIDENTS OF ONEIDA COUNTY,
CARED FOR AT THE NEW YORK STATE TRAINING SCHOOL FOR
GIRLS, HUDSON, N. Y.

Data prepared and mental examinations made by the staff of the institution

TOTAL NUMBER OF CHILDREN NATIVE OR RESIDENTS OF ONEIDA COUNTY, IN THE INSTITUTION	Year period July 1, 1914 to June 30, 1915	Year period July 1, 1915 to June 30, 1916	Year period July 1, 1916 to June 30, 1917
Wholly at State expense.....	1	2	2
Individuals cared for.....	1	2	2
CAUSE OF COMMITMENT			
Antisocial conduct, sex offenders.....	1	2	2

There were 3 separate individuals represented in the above chart. Mental examinations of these 3 individuals were made. Scale used: Stanford Revision.

NAME	Physical age	Mental age	Summary
501, female.....	16 3/12	X 8/12	Admitted February 5, 1912, from Utica; trained and paroled, January 22, 1915. Worked satisfactorily. Discharged February 17, 1917 and returned to her family. Inclined to lie and tell appealing stories. Will steal small articles. A case of mental defect, moron type. Nervous, irritable, bad temper. Prognosis poor for continued efficiency.
502, female.....	15 3/12	XI 6/12	Admitted March 12, 1916, charge vagrancy. Had been lured from home by an older woman and became a sex offender. Apprehended in New York and sent to Utica and committed. Is now making satisfactory progress in her training and classes in the institution. Introspective, talks about her feelings and self. Attention poor, but has rapid mental associations. Memory good. Lacking in stability. Industrial work will be her province and may develop further in mentality.
503, female.....	13 9/12	XI	Admitted April 27, 1916, charge improper guardianship. The family history is bad; father deserted and mother is a sex offender. While the girl was working out she showed antisocial and sex tendencies. She is handicapped by mental defect and does not advance well in training and classes. Physically: Bad heart; vision corrected by glasses. Mental tests show fair concentration and planning, learns from errors, trainable to the extent of her capability. A sister also in an institution for delinquents.

Summary:

Three delinquent children examined and all are found to be of the moron type.

REPORT OF THREE CHILDREN, RESIDENTS OF ONEIDA COUNTY,
CARED FOR AT THE BERKSHIRE INDUSTRIAL FARM, CANAAN,
N. Y.

Data furnished and mental examinations made by the staff of the institution

NAME	Physical age	Mental age	Summary
504, male.....	11/ 3/12	"Dull normal"	Admitted October 23, 1916; charge, delinquency. Father in prison for forgery. Physical health: Nervous instability. Mentally, dull normal; erratic behavior; sudden changes of temper. Discharged December, 1917.
505, male.....	10	?	Discharged before examination could be made. Admitted May 9, 1913; charge, dishonesty. Parents fairly well to do. Physical health fair. Mentally clear and intelligent. Discharged to go home and to attend school.
506, male.....	15 4/12	?	Discharged before examination could be made. Admitted March 15, 1916; charge, ungovernable. Father separated from wife and deserted the child. Mother re-married, lives on canal boat. Physical health good. Mentally seemed clear and intelligent. Discharged to return to Utica.

Summary:

3 children:

1 "dull normal."

2 condition unascertained.

REPORT ON FOURTEEN CHILDREN OR YOUNG ADULTS, RESIDENTS
OF ONEIDA COUNTY, CARED FOR AT THE GUARDIAN ANGEL
HOME AND INDUSTRIAL SCHOOL, TROY, N. Y.

During the official year October 1, 1914 to September 30, 1915,
13 individuals were cared for.

During the official year October 1, 1915 to June 30, 1916, 7
individuals were cared for.

During the official year July 1, 1916 to June 30, 1917, 5
individuals were cared for.

This is a total of 25 persons cared for in the last three official
years, and represents 14 individuals.

Examination and reports on the foregoing fourteen individuals.

The data here given was taken from the records of each indi-
vidual commitment. Scale used: Goddard 1911 Revision.

By Investigator Marion Collins, December, 1917.

NAME	Physical age	Mental age	Summary
514, female.....	20 5/12	IX 4/5	Committed at 15 years for juvenile delinquency. Could not then speak English. Had large experience in vice. Acquired English in training school; is now in sixth grade. Works nicely. Diagnosis reserved as language difficulty makes her appear backward. Will probably develop further.
513, female.....	18 6/12	XII plus	Committed at 16 years for truancy and incorrigibility. Father appears to have deserted. She is now in eighth grade school work. Mentally normal.
512, female.....	18 4/12	IX 2/5	Committed at 13 years for improper guardianship. Has one sister who seems brighter than this girl. Physically, short, heavy; shows nervous instability. Answers to tests show scattering. Self-conscious. Subnormal mentality.

Summary of 3 cases examined:

Border-line (1 may clear up with diminishing language diffi- culty)	2
Normal	1
Total	3

Of the remaining 11 cases the following history was obtained
but no determination of mental status made.

Name:	Summary
520, female.	Committed at 15 years. Physical condition good. Mentally "intelligent." Cause, juvenile delinquency.
515, female.	Committed age 15. Physical condition good. Mentally "intelligent." Committed for improper guardianship. Discharged to go to service.
516, female.	Committed age 12. Physical condition good. Mentally "intelligent." Committed for deserting home and keeping bad company. Discharged to father.
518, female.	Committed age 17. Physically "healthy." Mental condition "intelligent." Cause, vagrancy. "Not immoral."
519, female.	Committed age 10. Physical health fair. Mental state "fair." Father in prison for rape. Child committed for truancy. Discharged to aunt to go out of the state.
517, female.	Committed age 20. Physical condition "healthy." Mentally "intelligent." Committed as return from parole on account of bad companionship. Discharged to aunt.
525, female.	Committed age 15. Physical condition "healthy." Mentally "intelligent." Committed as "held for witness; not believed to be immoral."
524, female.	Committed age 16. Physical condition "healthy." Mentally "intelligent." Committed for petit larceny. Paroled to father.
523, female.	Committed age 14. Physical condition "healthy." Mental defective. Committed as juvenile delinquent. "Was absolutely ungovernable." Prognosis bad. Does not react well to routine. Has been in four institutions. Will need permanent custodial care.
522, female.	Committed age 13. Physical condition "good." Mental condition "good." Committed for petit larceny. Discharged to mother to go out of the state.

521, female. Committed age 12. Physical condition "normal."
Mental condition "normal." Committed for
petit larceny. Discharged to go out to service.

Summary:

Marked mental defect, custodial type.....	1
Mentally "intelligent," but all actual or potential de- linquents.....	10
Total.....	11

PUBLIC CHARGES FROM ONEIDA COUNTY REMAINING IN HOMES
FOR CHILDREN OF THE DELINQUENT TYPE ON THE LAST DAY
OF EACH OF THE OFFICIAL YEARS SPECIFIED.

INSTITUTION	September 30, 1916	June 30, 1916	June 30, 1917
Berkshire Industrial Farm, Canaan.....	1	2	2
Guardian Angel Home and Industrial School, Troy....	8	7	5
Society for the Protection of Destitute Roman Catholic Children, Lackawanna.....	1	.....	.....
New York State Training School for Girls, Hudson....	.....	2	2
House of Refuge, Randall's Island, New York City....	10	8	2
State Agricultural and Industrial School, Industry....	44	27	42
Total.....	64	46	53

CHAPTER X

THE MENTAL DEFECTIVE

Economic Limitation and Wastage — Institutional Cases

We now take up the consideration of that class of potential dependents whose handicap lies essentially in the field of the gross forms of quantitative intelligence defect and who are commonly spoken of as the feeble-minded.

In previous sections of this article attention has been drawn to the necessity of distinguishing between actual quantitative intelligence defect and those deviations in the affective sphere of mentality which as the dynamic driving force of ideation determine oddities and antisocial conduct in the general symptom-behavior of the individual.

Inasmuch as all ideation in order to be fixed in memory, subject to recall and useful for ultimate performance, must be accompanied by the affect component specific for that particular concept, it follows that the affect component always exists, whether with or without psycho-pathological deviation.

Mere presence of affect does not depend upon variations in quantitative intelligence capacity on the one hand, nor do mere variations in quantitative intelligence capacity imply *per se* either affect balance or deviation.

Ideation and its accompanying affective or feeling tone component must be regarded in the light of separate but co-related entities for intellectual life. Either or both may show variations which when marked set up psycho-pathological reactions inimical to the values of society. These abnormal variations most often run as it were a parallel course which means that the resultant symptom-behavior of an individual so afflicted would be such as to necessitate his withdrawal from society as an economic asset. However, one of these components may be more affected than the other which in the ultimate analysis produces the two extreme types of the individual dependent from causes essentially mental (but not due to an acquired psychosis) i. e. (1) the person showing a marked degree of quantitative intelligence defect, with an affect component showing no marked deviation and having good inhibi-

tory powers; and (2) the person showing slight if any quantitative intelligence defect, with an affect component showing marked deviation and poor inhibitory powers.

The realization of this differentiation in the causal factors for symptom-behavior of little or no economic value is of the greatest importance to the practical administration of the whole problem of mental defect.

The comprehensive grasp of these facts will determine the success or failure of vocational work, parole activities and colonization schemes. An individual to succeed as an economic unit must have a certain basic quantitative intelligence level and in addition an affective component without psycho-pathological deviation or marked loss of inhibitory function. When he is not possessed of these basic essentials he will not show results from training, he will always need specialized supervision wherever he may be, and also, he will never be able to develop as an economic asset of the State.

The following tables show individuals, residents of Oneida County, who were cared for in State or private institutions for the mentally defective. In a general way all of these individuals showed gross quantitative intelligence defect which rendered it inadvisable to allow them to continue on without specialized supervision. The affective deviations were variable. When extreme they were noted in the summary of the case. Field work on ancestor stock was done in every instance where the people were reasonably accessible. Ancestor facts were recorded when actually obtained by interviews or in the case of those who had died, when in our judgment the informant was deemed to be worthy of credence. In the case of others who were living but who could not be reached, our practice was to record them as unascertained.

Report on Forty-four Cases of Mental Defect, Residents of Oneida County, Cared for at the Rome State Custodial Asylum, Rome, N. Y.*

Case and field work by Investigators Collins, Conway and Ellis.

* The institution records and data were made available through the kind cooperation of the Superintendent, Dr. Charles Bernstein.

Summaries and analyses made by C. L. Carlisle, M. D., Director.

The original records of all our cases are available to those interested in the office of the Bureau of Analysis and Investigation, State Board of Charities, Albany, N. Y.

The analyses attempt to point out the heritable groups of unit characters which have determined the symptom-behavior of the recorded individuals and which enter into the causal constellation of the particular defect or disorder of the patient's case.

CASE NO. 526 — FEMALE

Summary of heredity:

Fraternities 7, individuals noted 211.

The family history has been traced back 340 years. The original immigrant to this country had 4 children. One of these mated and their seventh child mated and had 8 children which constitutes the first fraternity.

Fraternity I with consorts, 9 members, all said to be normal.

Fraternity II with consorts, 13 members, all said to be normal. The child of one of these came to New York State as an early settler and founded the third fraternity.

Fraternity III with consorts, 21 members. Of these, 1 was probably insane; 1 was insane; 1 was alcoholic.

Fraternity IV with consorts, 45 members. Of these, 1 was "not very bright" (had no understanding of language, would use words which he did not understand; was undoubtedly a mental defective); 1 was insane in Utica State Hospital; 1 was insane; 1 was alcoholic; 1 was a mental defective (odd conduct and poor judgment); 2 were female sex offenders.

Fraternity V with consorts, 53 members. Of these, 1, the mother of the patient, was probably insane ("very peculiar" and probably also a mental defective); 2 others were insane; 5, all sibs, children of one of the insane members of Fraternity IV, were neurotic types; 1, the father of the patient, was a mental defective; 1 was an epileptic; 1 was tubercular.

Fraternity VI with consorts, 41 members. Of these, 1 was tubercular; 1 was insane; 1 was a mental defective; 1 was anti-social, a criminal-embezzler with odd conduct, "nervous" and hyperkinetic and 1, the patient, was a mental defective.

Fraternity VII with consorts, 29 members. So far symptom-behavior seems normal.

Remarks: "They were all right morally, but some of them were a little funny in their heads — just common ordinary people." There is an unusual number of cousin marriages, 4 such matings in *Fraternity III* and 1 in *Fraternity IV*.

Parents and sibs of patient.— Father a mental defective mates V-20 who was probably psychotic ("very peculiar") and also who showed a mild type of mental defect. Three children by this mating. Sibs VI-28 supposed normal; VI-30 criminal, embezzler, odd conduct, "nervous," hyperkinetic.

The patient.— Born 1862, New York State. Mental defect noticed since childhood; learned to read, is irritable, passionate temper if crossed but usually amiable, at times gushing (mood labile with moderate hyperkinesis); clean in habits.

Cause of mental defect: From father's side, heritable groups of recessive unit characters which determine quantitative intelligence defect and affective imbalance. From the mother, heritable groups of recessive unit characters which determine quantitative intelligence defect.

CASE NO. 527 — MALE

Summary of heredity:

Fraternities 5, individuals noted 114.

Fraternity I with consorts, 6 members. No abnormalities noted.

Fraternity II with consorts, 22 members. Of these, 1 was neurotic; 1, husband of the preceding, was "very nervous and high strung;" 1 was neurotic; "nervous" and developed cancer; 1 was "not industrious and did not often work," his family was supported by his brothers (lack of initiative and ambition); 1 was a hardy, competent immigrant; 1 was very religious and "easy going."

Fraternity III with consorts, 34 members. Of these, 1 was a rather stingy type, very independent; 1 was insane in Utica State Hospital but recovered (a benign psychosis on a basis of deviations in personal make-up); 1 was "a splendid man," became alcoholic and syphilitic, developed paresis and was insane in Utica State Hospital (an organic psychosis due to acquired infection); 1, sister to the preceding, "worried so much over him" that her

disposition changed and she died of tuberculosis as did also 2 other sibs (this fraternity showed organ weakness in the marked susceptibility to succumb to ordinary bacterial infection and also showed deviations in make-up with difficulty of adequate adaptation to conflicts); 1 was "very eccentric" and had physical defect of cleft palate and harelip (deviations in personal make-up and also physical developmental defect); 1, a sib of the preceding, has been around the world twice (initiative and wanderlust); 1 died insane in a State Hospital.

Fraternity IV with consorts, 29 members. Of these, 1 was "wild," went far away, separated from wife (tendency to wanderlust and sex conflicts); 1 went far west (tendency to wanderlust); 1 was "the black sheep," sib of the 2 preceding, was alcoholic (substitutive reaction) showed lack of sex inhibition, deserted wife, married again unlawfully and committed suicide. Was considered insane. He was the father of the patient (deficiency of inhibition in sex life and poor adjustment with suicide indicates deviations in make-up related to a psychosis); 1, the patient's mother, was considered normal; 1 was a very fat man (organ weakness on the side of metabolism); 1 was seclusive, not frank in make-up; 1 married, deserted for 2 years, came back and later came and went on impulse. Died away from home on one of these trips (wanderlust); 1, wife of the preceding, "nearly lost her senses," broke down and was cared for in a general hospital, never particularly efficient and later lived in poverty (border-line, showing difficulties in mental adjustments and rather low economic efficiency at all times suggestive of intelligence defect).

Fraternity V with consorts, 23 members. Of these, 1, the patient, learned to read; has seclusive make-up, bad heart, wanders away (mild quantitative intelligence defect, deviations in personal make-up suggestive of psychosis, suggestion of attenuated wanderlust); 1, his only full sib, finished one year high school, "nervous temperament" but not mentally abnormal, slight build physically, efficient worker, courteous and likable; the 2 half-sibs of the preceding are normal; 1 was a female sex offender with illegitimate pregnancy cared for in County Home, Rome (dependency associated with sex offense); 1, a male sex offender,

cohabited with the preceding, never married her (illustrating male sex offender, not dependent, entailing dependency of consort, the cost of which he never assumes); 2 sibs, (father showed wanderlust and desertion and mother border-line defect with poor economic efficiency, in fraternity IV) always lived in poverty (indicating mental defect, quantitative intelligence type, a recessive trait); 2 others were probable cases of mental defect.

Remarks: There are an unusual number of persons, sibs in one fraternity, who succumb to ordinary bacterial infection, i. e.—one exitus from acquired syphilis developing an organic psychosis with death (infection plus deviation in personal make-up showing lack of sex inhibition and wanderlust); one exitus from tuberculosis associated with a psychotic type of personal reaction to difficulties (extreme “worry”); the other sibs died from tuberculosis. The Fraternity Group as a whole shows unit characters available for immigration, initiative and business activity, but showing occasional economic failures due largely to traits of wanderlust, lack of inhibition in sex matters and tendency to succumb by rather high susceptibility to ordinary bacterial infection which was associated with the development of a psychosis in some fraternities and with quantitative intelligence defect of a rather mild type in others.

Parents and sibs of patient: Father alcoholic, no inhibition in sex life, deserted one wife, married again unlawfully, was considered insane and committed suicide. Mother a normal “pretty girl,” after her unhappy marital experience, deserted by her husband, “died of a broken heart.” Children of this mating are 2. The only sib is an efficient worker, slight build physically, “nervous temperament” but is an economic success and so far symptom-behavior is normal.

The Patient.—Born 1890. New York State. Early was considered “peculiar.” Learned to read well, became irritable, would refuse to eat and later would seclude self. (Symptom-behavior points to trends potential for a developing psychosis.) Physically bad heart, poor circulation, poor nutrition. Tendency to wander away and get into places he does not belong, steals.

Cause of mental defect.—From father's side, heritable groups of recessive unit characters for lack of inhibition, wanderlust, and

only a mild degree of quantitative intelligence defect but associated with trends of personality potential for a psychosis. From the mother's side, groups of recessive unit characters determining increased susceptibility to ordinary bacterial infection associated with trends of personality potential for psychoses.

CASE No. 528 — FEMALE

Summary of heredity:

Fraternities 4, individuals 12.

Fraternity I with consorts, 3 members. Of these, 1 exitus by shooting in a riot, 1 normal, 1 unascertained but conduct seemed normal.

Fraternity II with consorts, 2 members. Of these, 1 "keen mentally and a hard worker," was economically efficient, 1 well-educated, never practiced his profession, alcoholic and did not support family.

Fraternity III with consorts, 3 members. Of these, 1 made her grades at school, exitus following rheumatism and cardiac involvement. Considered mentally normal. One, "bright and intelligent," 1 deaf-mute (the patient), mentally defective.

Fraternity IV with consorts, 4 members. Of these, 1 is one grade ahead of her age in school. Three others appear normal.

Remarks: An incomplete history. One member showed affective imbalance and substitutive reactions; 1 member succumbed early to an acquired infection; 1 showed congenital deafness and subsequent speech defect.

Parents and sibs of patient.— Father an educated man, lawyer, never practiced. Married impulsively and later became alcoholic and abusive and never wholly contributed toward the support of his family. Died suddenly of "apoplexy" (vascular type of organ weakness). Mother was brought up by a relative as her mother died when she was young. Was of good mentality and a hard worker. Ambitious and sent her children to school. Children of this mating are 3. One succumbed to rheumatism with cardiac complications (organ weakness with reference to bacterial resistance). One is mentally normal.

The patient.— Born 1889, New York State. Birth normal. Deafness congenital; vision defective. Speech defective. Educa-

tion begun at an institution for the deaf but was transferred to Rome State Custodial Asylum at the age of 22. Locomotion normal.

Cause of mental defect.—From the father's side, heritable groups of recessive unit characters which determine affective imbalance and substitutive (alcoholic) reactions. From the mother's side, tendency to physical organ weakness and early exitus, which may account for the congenital deafness (organ weakness) of patient, resulting in mental defect by deprivation of sense of hearing and disorder of vision.

CASE No. 529 — FEMALE

Summary of heredity:

Fraternities 3, individuals 61. The report of these fraternities shows with almost mathematical accuracy the results when two individuals mate, each of whom is capable of transmitting groups of recessive unit characters for quantitative intelligence defect. The resulting economic inefficiency is further influenced by other heritable determiners.

Fraternity I with consorts, 4 members. Of these, 1 was so mentally defective that it could be told by casual observation, mouth open, drooling; 1, the wife of the preceding, was of "inferior mentality," poor judgment and wanted her own daughter to marry before she was 14 years of age; 1 always lived in poverty but was not markedly defective; 1, a farmer, of fair general intelligence.

Fraternity II with consorts, 24 members. Of these, 1 married 3 times, no children; 1 is "shiftless;" 1 is intellectually dull and a slow thinker; 11 others are all of a low normal mentality but manage to get along; 2 were sex offenders; 1 (II-19) a steady worker but drinks, is practically illiterate, kind-hearted and of good intention. Fond of her children. 1 (II-18) was married age 13 years, before puberty. She is alcoholic and smokes and has been a sex offender. Has little affection for her children, neglects them, drinks with men who come to the house. Appears of about a 9-year mentality. One had an illegitimate child. Is not keen and neighbors speak of her as "below par;" 3 normal but of low social value.

Fraternity III with consorts, 33 members. Of these 1 is normal and of good social value, "different from the others." Twelve others called normal. One was a clandestine sex offender but settled down after marriage; 1 is a "slow thinker and talker;" 1 is shy and self-constrained. We now come to the 12 siblings, children of II-18 and II-19. These show 6 members with definite mental defect, 2 miscarriages, 3 infant deaths and 1 other who shows 1 year mental retardation at the physical age of 5 4/12. One is "dull and regarded as below par," contented in a dirty home, not ambitious. Two fair grade machine operators. One is an illegitimate child, married a foreigner and works out. One unascertained.

Remarks: Fraternities showing quantitative intelligence defect but having fair affect inhibition whereby a low grade social status is maintained. When two definite mental defectives mated, *all* the children were defective. Sex offense appears but on the whole is not flagrant.

Parents and sibs. Patient.—Father born Oneida County 1868, practically illiterate but can earn \$15 weekly, works regularly; drinks constantly but not enough to interfere with his work. He became acquainted with his wife at hop picking. Kind-hearted, loyal to his wife and while a moron type might have been quite useful to society if his wife had been of a higher type than himself and he had not been surrounded by a most wretched hovel home. Has beaten his wife in a worthy effort to reform her. Is becoming increasingly alcoholic. A low grade moron of about 8-year mental level. Mother born Oneida County, N. Y., 1878. Married, with consent of her mother, age 13, before puberty. Thin, colorless, given to alcoholism, smoking and sex indulgence, convivial assemblies in her own home with male companions. Shows little affection for her children, who in return are not overly fond of her. She showed affective deviation in her attitude toward her children; she neglected them and kept them in filth more than her quantitative intelligence defect would warrant. Low grade moron about 9-year level and writes with difficulty. Has received public relief while in a hospital, and has been in an almshouse.

Siblings by the mating of these two mental defective parents: 12 pregnancies, of which 2 were miscarriages, 3 died a few days

after birth, leaving 7 brothers and sisters, *all* of whom are mental defectives. Of these 7 children the outstanding facts are:

III-14 the first child was born when mother was only 15 years old. Birth hard. Soon sent to Utica Orphan Asylum, then to Syracuse State Institution for Feeble-Minded Children. Was "active but not intelligent," good-tempered, rather untidy, follows the lead of others. Physical asymmetry. Physical age 21 years, mental age level was IX 2/5 (Goddard 1911 scale) but has now slumped to VIII 4/5 since he is no longer under training. An amiable (not affective deviate) low grade moron. The next child born *III-15* was sent to Utica Orphan Asylum and later to Syracuse State Institution. His "speech was indistinct," active, nervous, rolls and moans in his sleep, not destructive, inclined to irritability. (Slightly more affective imbalance than brother.) Unable to keep up with third grade classes, attention fair, memory and judgment poor. Physical age 19 years, mental age X 1/5. Amiable middle grade moron (mild affective deviations).

III-16 the first girl, birth uneventful, soon sent to the Utica Orphan Asylum, whence after 4 years she was transferred to Syracuse State Institution. Physical development was best of all the children, less anaemic, more stolid. Disposition pleasant, memory fair, some judgment, great talker, rather lazy, lacks ambition, neat sewer, arithmetic erratic. Physical age 15 years, mental age level VIII 1/5. A rather low grade moron (not affective deviate).

III-17 the fourth child and second girl, soon went to the Utica Orphan Asylum with the others of this brood, but was able to stay longer before being sent to the State Institution for Feeble-Minded Children at Syracuse. Was brighter in appearance, "obedient and good-tempered." Is a hospital case on account of pernicious anaemia. Physical stigmata (evidence of organ weakness) skin dry and rough, nails scaly and thin, considerable hair over face and arms. Good singing voice and memorizes songs. Her music tends to make her a favorite. Physical age 14 years, mental age level IX 1/5. A middle moron type (not an affective deviate), showing organ weakness indicating probable early and easy succumbing to bacterial infection (disease).

III-19, III-20 and III-2 triplets, born amid filth and poverty in a hovel. Two died at once; 1, *III-19*, went to the Utica Orphan Asylum and thence to House of the Good Shepherd, where exitus came through broncho-pneumonia, aged 2 years.

III-22, did not walk till age 3 nor talk till age 4 years. Rolled his head when sitting, physical asymmetry, speech is defective and hardly intelligible, stutters, shows echolalia. Is markedly insensible to pain; lies with legs drawn up. Physical age 8 11/12 years, mental age level IV 2/5. A low grade mental defective (no affective deviations).

III-23 sent to the Utica Orphan Asylum for improper guardianship as the children were sleeping in a broken-down bed with a dissipated boarder. Is "acquainted with disgusting situations" and is worldly wise at the physical age of 5 4/12 years. Mental age level IV 2/5. A backward child who in view of parentage will undoubtedly prove to be a mental defective (no marked affective deviation).

The patient.—*III-18*, birth easy and amid filth and poverty. Mother alcoholic. Age 2 years, found in a packing box, poorly nourished and possibly scorbutic. Sent to House of Good Shepherd, later to Rome State Custodial Asylum, where she bit, scratched and was destructive. Physical stigmata. Less troublesome under training but is unable to do useful work. At physical age of 12 3/12 years, her mental age level was VII 1/5. Definite mental defective, custodial type (mild affective deviations).

Cause of mental defect.—From the father's side heritable groups of recessive unit characters which determine quantitative intelligence defect, also lack of affective inhibition, sex inhibition and tendency for substitutive reactions (alcohol or the like). The patient is an RR (duplex recessive), the child of the mating of two parents, each of whom was essentially an RR (duplex recessive). This accounts for all their children being RR (duplex recessive). Quantitative intelligence defect is a recessive trait.

CASE No. 530 — MALE

Summary of heredity:

Fraternities 3, individuals 29. History incomplete for early fraternities.

Fraternity I with consorts, 2 members. Of these both lived to old age, appeared to be normal physically and mentally.

Fraternity II with consorts, 13 members. Of these, 3 normal, 1 died of "tumor," 1 a sex offender and drug habitue (substitutive reaction) died of some psychosis, details not well known, but apparently the psychosis developed on a basis of deviation in personal make-up. Five are unascertained. One, the father of the patient, showed lack of sex inhibition, alcoholism (substitutive reaction) acquired syphilis and developed the psychosis general paresis. Married twice. One, patient's mother, was "average intelligence," earned her own living after divorcing husband. One, the second wife of the patient's father, thought to be normal.

Fraternity III with consorts, 14 members. Of these, 10 are little known but are believed to be normal; 1 insane in Utica State Hospital; 1 is normal now in High School; 1, normal working well; 1, the patient, mental defect.

Parents and sibs of patient.—Father, born 1853, Oneida County. "Constitution good," later became "alcoholic and ran around with women," acquired syphilis, was divorced by his wife, married a second time, rather suddenly developed the organic psychosis general paresis and died in 4 months in Utica State Hospital. Vision had been failing for 4 years before death; ptosis and external strabismus of left eye; right pupil stiff, taste, smell, pain sense impaired, hearing good. Grandiose delusions and deterioration. (Affective and sex lack of inhibition, tendency to substitutive reactions as solution of conflicts; succumbs to ordinary bacterial infection; organ weakness in the sense of lack of resistance to infection, exitus with psychosis and deterioration). Mother is "normal and of average intelligence." The sibs of patient are 2. One is doing high school work and appears normal; 1 is an efficient stenographer and appears to be normal.

The patient.—Born 1896, Oneida County, N. Y. Birth, dentition normal. Age 6 weeks fell from chair, appeared in stupor afterwards and "received quite a shock." Age 18 months pneumonia and at 24 months convulsions at frequent intervals. Measles at 3 years. Did not learn to talk but "was considered normal" up to 5 years when he became "troublesome, difficult to manage and destructive" (affective imbalance). Hearing and vision good

but sent to school for the deaf, age 11 years, to learn to speak. Understanding of spoken language "good" but is unable to read or write and is unteachable. After 5 years' trial in institution for the deaf was sent to Rome State Custodial Asylum. Wassermann negative. Rupture present (organ weakness). Clean in habits; is making no mental advance.

Cause of mental defect.—Wassermann negative probably excludes congenital syphilitic changes. From father's side heritable groups of recessive unit characters which determine lack of affective balance and inhibition, tendency to organ weakness (on the developmental side) which accounts in the patient for mental defect for quantitative intelligence and enunciation-articulation-speech planning defect. From the mother's side little is known. From the fact that 2 sibs are normal, the mother apparently normal and the father showing affective deviations more than quantitative intelligence defect, it might be that the mental defect of the patient was due more to deficiency of dominance of developmental unit character determiners than to recessive defect traits (as is the case of an RR from RR parents).

CASE NO. 531 — MALE

Summary of heredity:

Fraternities 5, individuals 57. A family group fraternity with much dependency among the offspring who have been cared for in Oneida County Orphan Asylums.

Fraternity I with consorts, 2 members. Of these, 1 woman (paternal great grandmother of patient) was insane. One presumed normal.

Fraternity II with consorts, 5 members. Of these, 1 was a mental defective and physical defective (organ weakness on the side of developmental defect) had a speech defect "splay foot and hunch back" (was the paternal grand uncle of patient), always of low earning capacity. One (paternal grandmother of patient) was deaf; 3 called normal.

Fraternity III with consorts, 25 members. Of these, 1 married twice; 1 alcoholic (substitutive reaction) but was "kind" and loved his children (good affective balance), he was father of patient; 1, his wife, the mother of the patient was "peculiar" and

psychopathic; 1 was alcoholic and deserter; 1 lived in poverty, separated from the preceding, who was her consort; 1 separated from husband and married again; 1 was alcoholic and wife left him; 1 was neuropathic and "nervous;" 17 are thought to be normal.

Fraternity IV with consorts, 22 members. Of these, 1 was an economic failure, alcoholic and did not provide for family; 1 a female sex offender; 1 a mental defective (the patient); 3 sibs are all mentally retarded and probable cases of mental defect; 3 died at birth; 2 neuropathic and "nervous;" 1 is a possible neuropath; 10 are fair normals.

Fraternity V with consorts, 3 members. Of these all are still children and so far show nothing abnormal in a gross way but are looked upon as potential economic losses.

Remarks: Recessive unit characters carrying variation or relative lack of determiners for psychopathic make-up, actual psychoses as well as mental defect, with economic failure and some alcoholism as a rather secondary feature. The net result has been 7 children cared for in orphan asylums from 2 sets of parents; 3 other children not in institutions who are not supported by father, and 1 other child in an institution for the mentally defective. Of 4 alcoholic fathers, 2 were divorced, 1 deserted and 1 with his psychotic mate bred 5 living children, 4 of whom have been charges in public institutions and only 1 of the 5 is capable of adequate self-support.

Parents and sibs of patient.—Father "good man but alcoholic" (not an affective deviate but sublimates difficulties by substitutive activities). Is failing physically, bronchitis, "appears miserable." Is of "average intelligence" of workman in shops. Concerned about his children's failures. Mother was "peculiar," self-centered, egocentric, "hysterical," rarely went out of house, would lock up children for hours for trifles. Had convulsions before death, said to be due to a sapraemia following death of foetus. Psychopathic type of personality with some deviations of affective reactions, suggestive of a schizophrenia. By this mating 9 pregnancies, 3 stillborn or died at birth; 1 died as small child; 1 works in a car barn (rather low economic ability); 3 have been cared for in orphan asylums; and the other is the patient.

The patient.— Early had scarlet fever and defect became noticeable at 2 years. Had a few convulsions at age of 1 3/12 years; early showed self to be “incapable,” use of language limited, general understanding of spoken speech fair, memory poor. Walked at 2 1/12 years, leg muscles weak but improved. Head asymmetrical, left side of which is larger. Hearing good, vision somewhat defective. “Very nervous” and when he played with children would get highly excited so that at age of 8 years this was extreme. (Affective imbalance and deficiency of inhibition.) Learned words slowly, repeats things in parrot way (echolalia). Very honest and attempts to work but fails often due to memory defect. Afraid of the dark, little interested in toys, picks at fingers and laughs easily. Obedient, can dress but not lace shoes. Cannot count to 10 correctly. Low grade mental defective.

Cause of mental defect.— From father's side heritable groups of recessive unit characters which determine affective imbalance and deviation, and psychotic (substitutive) reactions. From the mother's side heritable groups of recessive unit characters which determine self-conscious egocentric ideation, and difficulties of affective inhibition, physical and mental defect.

This patient, born with recessive traits which forecast both physical and mental defect, was early subjected to scarlet fever which may have added organic residuals particularly in the meninges and became thus a postnatal factor in the causal constellation.

CASE NO. 532 — MALE

Summary of heredity:

Fraternities 3, individuals 27. History of a colored fraternity mixed with white, wherein primitive strivings are plainly evident.

Fraternity I with consorts, 2 members. Colored people, no anti-social record, but little is known of them.

Fraternity II with consorts, 16 members. These are the children, and their consorts, of the two ancestors in I. Seven sibs, with a reputation for being “an alcoholic family;” 1, marked alcoholic; 1, alcoholic, male sex offender; 1 said to be normal; 4 no mental trouble but were not high grade members of society, mild alcoholism; 1, female, married twice, knew little about her

relatives, indifferent (probable mild mental defect); 2, the consorts of the preceding, fair normal; 2 more are considered normal but had never taken interest in keeping track of relatives; 1, a colored female, alcoholic, sex offender and probable mental defective married 1 consort who was respectable (by whom she had 1 child), then had illicit relations with 1 white man who was a criminal and inmate of Auburn Prison (by whom she had 2 children), then had illicit relations with an unknown "Pollack" (by whom she had 1 child, the patient, Case No. 532). Her house, raided as "disorderly," was "one of the most wretched hovels in the district" (Utica).

Fraternity III with consorts, 9 members. Of these, 1, daughter of the "respectable" man and the alcoholic sex offender in II, was a female alcoholic, sex offender, who had 1 married consort and 1 illicit. She is a "notorious character" frequently in fights, arrested and in court twice in 1910, once in 1911, twice in 1912, twice in 1913, twice in 1914, twice in 1915, 3 times in 1917, a total of 14 arrests chiefly for "public intoxication." Seen eating raw meat and raw onions with dissolute characters, in a bare and dirty alley residence. This notorious defective and antisocial female had 2 half-sibs (by her own mother and the Auburn criminal). Of these 1 was "placed out" and is little known; 1 was in Utica Orphan Asylum and later "placed out" in New York City. Another half-sib of all these (by the same mother and the "unknown Pollack") is the patient. One, a cousin of the preceding sibs, is a blind, female, sex offender (illegitimate daughter of an alcoholic male sex offender); 3 others in this fraternity are fair normals but not especially successful.

Remarks: A colored family, with poor sex inhibition, lack of ambition and initiative for economic success, dominated by primitive instincts and use of alcohol through deficiency of inhibition. Segregation would prevent the further propagation of a line of undesirables from parents all of whom are economically of low value and most of whom are antisocial.

Parents and sibs of patient.—The father of the patient was a white man, an "unknown Pollack," who was an illicit consort and never was married to the mother of the patient. The mother was a notorious colored female sex offender, alcoholic, who married 1

"respectable" man, had illicit relations with the white criminal who was an inmate of Auburn Prison for theft and illicit relations with the "unknown Pollack" spoken of as the father of the patient. She probably had many other illicit sex experiences but without pregnancies.

Sibs of the patient are 2 half-sibs by the male consort of the patient's mother, who was the white man, a convicted thief, inmate of Auburn Prison. These two half-sibs were not spoken of as mental defectives. One was quite "pretty," placed in Utica Orphan Asylum and later in New York City; 1, her sister, was "placed out" in the upper part of the State. One more, half-sib of the patient (by the "respectable" husband) was a notorious alcoholic female sex offender living in a hovel in an alley, consorting with dissolute colored men, her house known as "disorderly," herself constantly intoxicated and a marked recidivist with 14 convictions, chiefly for alcoholism. She was undoubtedly a mental defective, of strong primitive instincts. Fabricated and had no sense of moral values. Died suddenly of a "hemorrhage" while consorting with a white man amid alcoholic debauchery. She had 1 legitimate consort and at least 1 illicit consort but was in fact notoriously quite promiscuous in sex habits.

The patient.—A dark-skinned colored boy, born in a hovel in a slum district of Utica. Measles and diphtheria but no residuals. Became an inmate of the House of Good Shepherd for 5 years and then entered Rome State Custodial Asylum. Physical age 12 years. Mental age level VII years. Was "peculiar," a bully and coward. Hearing, vision, locomotion and articulation good. Wassermann negative. Case of marked quantitative intelligence defect with some affective deviation.

Cause of mental defect.—From the father's side little is known except that he was a dissolute white man of low social value and evidently lacking in sex inhibition. From the mother's side heritable groups of recessive unit characters which determine quantitative intelligence defect, affective deviations (shown by brawls and bullying), deficiency of sex inhibition and gratification of primitive instincts, alcoholism here being largely an outlet for gratification of primitive instincts, rather than as a true substitutive reaction to conflicts.

CASE NO. 533 — MALE

*History Incomplete**Summary of heredity:*

Fraternities 2, individuals 7.

Fraternity I with consorts, 2 members. These were the parents of the patient. Both were spoken of as "weak mentally," lived in poor circumstances. Probable mental defectives of mild grade.

Fraternity II with consorts, 5 members. Of these individuals all were sibs of the patient. Two boys and 2 girls, all spoken of as "not very bright"; the 2 sisters are the same. Poor efficiency. Low economic value.

Remarks: A fraternity known in their community as not bright mentally and living in poor circumstances.

Parents and sibs of patient.— As given above.

Patient.— Born New York State, under surroundings indicating poor social status. Mental defect early noticed, never learned anything; illiterate, no attempt to make self of economic value. Never had any regular occupation but was physically able to work. Good habits, not anti-social. Some affective imbalance and swears badly when aroused. Was an inmate of the County Almshouse and was later transferred to Rome State Custodial Asylum. No improvement to training. Custodial case of quantitative intelligence defect.

Cause of mental defect.— From both father's and mother's side heritable groups of recessive unit characters which determine gross quantitative intelligence defect.

NOTE.— In our summaries it is convenient to express the fact of a nulliplex recessive inheritance in the above formula. It is to be remembered that quantitative intelligence *defect* appears to be transmitted in the sense of a recessive condition. Adequate or "normal" quantitative intelligence capacity is transmitted then in the sense of being dominant with respect to lack of intelligence capacity which is recessive.

CASE No. 534 — MALE

Summary of heredity:

Fraternities 3, individuals 37.

A fraternity group showing sex offense, substitutive reactions, neuroses and psychoses on basis of deviations in personal make-up, as well as quantitative intelligence defect.

Fraternity I with consorts, 8 members. Of these little is known but appear fair normals and have no record of odd conduct.

Fraternity II with consorts, 19 members. Of these, 1, the father of the patient, was spoken of as "peculiar" yet had "senses all perfect." Drank beer occasionally. He married 1 consort who was "normal" (no issue) after he had married an alcoholic female sex offender, inmate of a house of prostitution, who became the mother of the patient. One male acquired syphilis and developed general paresis, deteriorated mentally and died at Utica State Hospital. One female developed an involution psychosis at menopause and after "shock at death of child," she showed a restless agitation and fear but finally improved and returned home to husband; 1 female developed a psychosis accompanying epilepsy and died at the Utica State Hospital. One died in infancy, 1 died of "heart trouble" (physical organ weakness), 1 was "nervous"; 10 were fair normals.

Fraternity III with consorts, 10 members. Of these, 1 died in infancy; 1, the patient, was a mental defective and epileptic; 1 died of infection of middle ear (susceptibility to bacterial infection); 1 is mentally defective and epileptic; 6 are fair normals.

Remarks: Heredity carrying recessive unit characters for deviations in personal make-up potential for psychoses and neuroses are outstanding features, in addition to the quantitative intelligence defect showing in Fraternity III.

Parents and sibs of patient.— The father was always thought of as "peculiar" by all his relatives, but showed no gross intelligence defect. He was extremely "nervous" and married a prostitute, the mother of the patient, while in a house of ill-fame. Later separated from her and married another woman who seems normal, but had no children by this marriage. Father of fair economic efficiency. The mother of the patient was the sex offender; professional prostitute, drank and ran the streets after marriage.

Sibs of patient by this marriage are 1, who died in infancy; 2 miscarriages.

The patient.— Born New York State 1894. Mental defect was first noticed at 7 years. No paralysis or deformity. Epileptic seizures. Went to school but did not advance. Has speech defect, poor articulation and limited use of words. Habits clean. Fairly orderly. No mental progress under training. Cannot read. Custodial case of quantitative intelligence defect, associated with epilepsy. No marked affective deviations.

Cause of mental defect.— From father's side, heritable groups of recessive unit characters which determine deviations in personal make-up potential for epilepsy or a psychosis; associated with quantitative intelligence defect (shown by father's bad judgment in sex life). From the mother's side heritable groups of recessive unit characters for quantitative intelligence defect and deficiency of inhibition. The presence of the epileptic reaction in the patient's symptom-behavior presages probable future deterioration.

CASE NO. 535 — FEMALE

Summary of heredity:

Fraternities 3, individuals 23. History incomplete.

Fraternity I with consorts, 4 members. Of these, 2 were normal; 1 died a senile with "general break down;" 1 died at 52 of "congestion of the brain."

Fraternity II with consorts, 13 members. Of these, 2 were normal, 10 are supposed normals but history is not adequate. One was neuropathic.

Fraternity III with consorts, 6 members. Of these, 2 are uncertain, 2 thought to be normal but history not adequate. One is a mental defective; 1, a sib of preceding, appears normal.

Remarks: History is too incomplete for analysis but on the whole there are no great defects noticeable in ancestors.

Parents and sibs of patient.— The father, educated as a school-teacher, was economically successful and was elected to a county office. No marked defects. Suffers from "rheumatism." The mother came from rather good stock, but she shows a "highly excitable and nervous" make-up. Vision poor, left ptosis. (Affective imbalance with organ weakness — eyes.) Only 1 sib, "quiet,

reserved, does not make friends easily" but did 4 years' high school work in 3 and is now an efficient economic unit of society.

The patient.—A forceps delivery (possible birth injury to meninges or cortex), full term. Had convulsions at frequent intervals for 2 weeks after birth (cortical irritation). Dentition and walking normal but did not develop in speech. Physical health rather frail first 3 years. Did not try to talk then, later would leave out words and sentences and showed agrammatism. At age of 10 years could not read and counted very imperfectly. Started school at 8 years but could not advance and was sent to Syracuse State Institution, age 10 years, and to a school for the deaf, age 14, on account of speech disorder. She had moments of loss of affective inhibition, was at times "very disagreeable," but usually could be managed. Can dress, set the table; formerly cleanly, of late years is growing more indifferent, is more irritable, occasionally "violent and dangerous" and appears to be deteriorating. Scarlet fever and "pleuro-pneumonia" without residuals. Well-nourished, gluttonous appetite.

Cause of mental defect.—From the father's side apparently normal heredity. From the mother's side heritable group of recessive unit characters which determine affective imbalance. Actual cause of mental defect, cephalic birth injury with evidence of cortical irritation without paralyses. A case of quantitative intelligence defect from an acquired cause not dependent upon heritable factors.

CASE NO. 536 — MALE

Summary of heredity:

Fraternities 4, individuals 45. A fraternity group with much alcoholism, neuropathic deviations and intelligence defect.

Fraternity I with consorts, 5 members. Of these, 1 died of convulsions during pregnancy; 1 normal; 1, the husband of the two preceding, was an alcoholic; was injured in skull in Civil War and later deteriorated, lost memory — "childish" and became delirious when he had only a slight temperature. One showed "kidney trouble" and died a senile; 1, his consort, died a senile with an organic heart trouble.

Fraternity II with consorts, 16 members. Of these, 10 are presumed to be fair normals. 1, the paternal grandfather of the patient, was a steady drinking alcoholic; 1, his consort, unascertained; 1, the maternal grandfather of patient, was a criminal, alcoholic, sex offender. He was a coarse individual, never contributed properly to his family, was intoxicated at the time of conception of the children. Passionate and abusive (affective deviate with substitutive — alcoholic — reactions, antisocial tendencies). Lost positions, moved from place to place, organized a gang for robbing freight cars and went to prison. Later sent to prison for assault on a girl and later attempted sex assault on his own son; defied his family to do anything to him and was sent to prison for a third time. He reached the 6th grade in school and is not of a low level of intellectual defect, but rather shows marked affective deviations. One, his consort, has a "fissured tongue." Can read and write and appears "of average intelligence." Is in poverty on account of alcoholic criminal husband. Cares for children the best she can. One, an alcoholic man of professional education, had 2 consorts, supposed normals.

Fraternity III with consorts, 18 members. Of these, 9 are little known but have no record of odd conduct. One, the father of the patient, is a periodical alcoholic; 1, the mother of the patient, was a neuropathic type; the next 7 individuals are the mother's sibs. Of these 7, 2 pregnancies did not come to full term and resulted in miscarriages; 1 had convulsions in infancy, enuresis for years, slow in school, "nervous;" 1 is left-handed, slow in school, not considered normal, inmate of Utica Orphan Asylum; 1 not considered quite bright, was an inmate of Utica Orphan Asylum; 1 had chorea, quick temper, physical stigmata and Darwinian tubercles, marked intelligence defect (at physical age of 12 6/12 years had mental age of VIII 8/12 and intelligence quotient of 69) and was an inmate of Utica Orphan Asylum. He was sexually assaulted by his own father. One able to do only poor third grade work, is a mental defective, delinquent type, "fractious" child, "mean and wilful," poor cooperation in work at home, troublesome, defies teachers. At physical age of 10 11/12 years had mental age of VII 7/12. Intelligence quotient 70. Basal age VII

and will be a custodial case owing to delinquent, antisocial tendencies (due to marked effective deviation), strong physically.

Fraternity IV with consorts, 6 members. Of these, 1, the patient, showed mental defect, physical defect and convulsions; 1, his sib, seemed "normal" up to present age of 2 years. Walked and talked at usual age. Four others are children, all appear normal and are up to school grade.

Remarks: A graphic chart shows noticeably alcoholic (substitutive) reactions, sex inhibitory deviations, economic failure (poverty) on the paternal side back through 4 generations; on the maternal side alcoholic (substitutive) and neuropathic deviations associated with quantitative intelligence defect.

Parents and sibs of patient.—The father was an "occasional drinker" but supports his family and does not appear to be as marked in his reactions as his own father or paternal grandfather. The mother made regular school progress and shows actually less mental defect than her 5 living sibs but evidently was capable of transmitting the mental defective trait to her own offspring where it appears intensified. Mother was a neuropathic type and of "nervous" temperament. Is trustworthy and "never troublesome." Of the sibs: 1 only, a boy developing normally now age 2 years.

The patient.—Born 1911, New York State; birth normal but did not make normal progress after that. Had convulsions "during teething;" thought to be epileptic (neurosis). Scarlet fever at 2½ years and convulsions ceased then, walked at 18 months but did not learn to talk and it is a question as to whether he hears much (otitis media after scarlet fever). Destructive and passionate (affective deviations) some early masturbatory trends improved by circumcision at age of 3 years. Sent to Rome State Custodial Asylum when 4 years of age. Seems to have developed slightly since admission.

Cause of mental defect.—From father's side heritable groups of recessive unit characters which determine lack of sex and affective inhibition; on the mother's side heritable groups of recessive unit characters which determine lack of sex and affective inhibition, substitutive (alcoholic) reactions, neuropathic (neurosis-convulsions) reactions; and quantitative intelligence defect. Post-

natal factors. Deafness (possibly sequelae of scarlatina) speech defect. To hereditary factors is added the factor of special sense deprivation.

CASE NO. 537 — MALE

Summary of heredity:

Fraternities 4, individuals 87. A fraternity group showing a cousin mating, having descendants demonstrating economic failure and mental defect.

Fraternity I with consorts, 4 members; of these little is known; 1 died of "heart trouble;" 1 died of "shock;" 2 unascertained.

Fraternity II with consorts, 38 members. Of these 8, all sibs and children of the man in Fraternity I who died of "heart trouble," all died of "heart trouble" or vascular disorders (organ weakness — vascular apparatus); 1, a sib of the preceding 8, was "peculiar" and very religious; 28 others, chiefly the consorts of the preceding sibs, died of various infectious intercurrent disorders. No record of odd conduct. One man, sib of the 9 who had vascular type of organ weakness died of diabetes (organ weakness-metabolic type). He mated with his cousin. The children of this couple established the line of descendants found in the next fraternity who showed marked economic failure and mental defect. The man was "devout and respectable;" his mate was "bright, intelligent, garrulous."

Fraternity III with consorts, 35 members. Of these, 10 are own cousins to the patient. Of these 10, 9 are supposed normals, 1 was an idiot, could not walk or talk, died age 20 years. Five are children of the patient's mother's uncle. Of these 5, 1 was epileptic since infancy, died at 22 years. The other 4 are little known but said to be normal. The remaining 18 members of Fraternity III comprise the father and mother of the patient and their sibs and consorts. Of these 18, 1 man, normal, was separated from his wife who was very religious, of a rather odd type: 1 woman married, divorced the husband, married another man who had been married, his consort dying of "heart trouble." ("Heart trouble," "dropsy" and vascular types of organ weakness appear as exitus in this fraternity); 10 others are fair normals; 1, the father of the patient, was a low grade mental defective and eco-

nomic failure, cared for in the County Home at Rome; 1, his consort and mother of the patient, was an epileptic, mental defective with a "leg eaten away by disease."

Fraternity IV with consorts, 12 members. Of these, 7 are cousins and 4 are sibs of the patient. Of the 7 cousins little is definitely known but they have no record of odd or defective conduct. The 4 sibs are described below; the remaining member of this fraternity is the patient. All show more or less mental defect except one.

Remarks: Early ancestors showed marked tendency to exitus by vascular type of organ weakness which also appears occasionally in later generations. A cousin mating produced 2 mental defectives and 1 almshouse dependent in the first generation and 3 definite cases of mental defect, 1 dependent in an orphan asylum, and "several" dead infants in the second generation. Collateral cousins showed 1 case of gross mental defect, and 1 marked epileptic.

Parents and sibs of patient.—The father was "a miserable, low, feeble-minded man," little other information. Was evidently considered a case of marked mental defect by his acquaintances. The mother was twice an inmate of an almshouse; record, "no occupation, unable to work, bad habits." She was also epileptic. Both father and mother were total economic failures and unable to earn a living. Sibs of patient: 3 living; also "several children died in infancy. Mother fell on one and killed it." Of the 3 sibs who survived 1 died of a kidney lesion (cardio-vascular-renal type of organ weakness) after a residence in Utica Orphan Asylum. One, "mentally dull" taken to County House, later discharged. He was "very slow in speech, could not talk," is mentally defective, retarded in muscular reaction and slow. One, a girl, was thought to be mentally defective and has disappeared.

The patient.—Born 1899, New York State. Mental defect first noticed while an inmate of Utica Orphan Asylum. Transferred to Rome State Custodial Asylum. Walks poorly, irritable if opposed, does not know how to play. Fairly clean. Shows gross quantitative intelligence defect.

Cause of mental defect.—From father's side heritable groups of recessive unit characters which determine quantitative intelli-

gence defect. From the mother's side heritable groups of recessive unit characters which determine quantitative intelligence defect, mild affective deviation, factors for potential epilepsy, and for cardio-vascular-renal type of organ weakness.

CASE No. 538 — MALE

Summary of heredity:

Fraternities 3; individuals 32. A fraternity group showing high incidence of neuro-psychotic symptoms associated with quantitative intelligence defect.

Fraternity I with consorts, 6 members. Of these, 1 died of apoplexy (cardio-vascular type of organ weakness), 5 others, little known, but are said to be normal.

Fraternity II with consorts, 15 members. Of these, 12 showed little that was abnormal in symptom-behavior and are considered normal by their relatives. One, the father of the patient, showed mood swings, developed a psychosis. One, his consort, the mother of the patient is "an intelligent woman," who separated from her husband on account of his psychosis. One, cousin of the preceding, developed a toxic-infective-exhaustive psychosis during pregnancy, was in Utica State Hospital and recovered.

Fraternity III with consorts, 11 members. Of these, 2 are known to be normal; of 2 others, one graduated from a Normal School and one graduated from a business college; 5 are little known but have no record of abnormal symptom-behavior; 1, the patient, showed quantitative intelligence defect, and 1, his sister, was considered "slow but normal."

Remarks: The psychoses in this fraternity group developed on a basis of deviations in personal make-up. The neuropathic element of epilepsy occurs in the father of the patient. The fact of 3 attacks of insolation have been only contributory causal factors for the continuation of the epilepsy. The occurrence of quantitative intelligence defect does not appear until the following generation.

Parents and sibs of patient.—The father is a psychopathic type, had epileptic seizures from infancy and has had both petit and grandmal attacks. Always considered as "peculiar." No

venereal diseases. Had expansive ideas, delusions of jealousy against wife, turned against his relatives, lived alone, finally repudiated his son. Was cared for in Utica State Hospital but was released on a writ of habeas corpus and manages to make a precarious living as a salesman for a tree nursery. Has not deteriorated and the paranoid trends exhibited point to deviations in personal make-up. (The possibility of homosexual trends in such cases is to be recalled.) The mother was unable to live with her husband on account of his psychosis. Supports herself by sewing and is spoken of as "an intelligent woman." The only sib of patient is a girl "slow but considered normal" and has entered high school.

The patient.— Born 1894, New York State. Is a mongolian type, undersized, articulation poor. At physical age of 11 6/12 years showed mental age level of 4 years. Has "slight" epileptic convulsions at irregular intervals. Does not improve. Admitted to Syracuse State Institution age 10 and transferred to Rome State Custodial Asylum 6 years later. Easily frightened, "nervous and timid." Hearing good. Does not recognize color. Speaks only a few words. Active and "busy."

Cause of mental defect.— From father's side heritable groups of recessive unit characters which determine deviation in personal make-up development for the production of the neurosis epilepsy and a psychopathic personality which may explain the occurrence of the mongolian type of physical and mental mal-development in patient. From the mother's side heritable groups of recessive unit characters which determine the development of a psychopathic type of personal make-up. The mongolian type here shown in the patient indicates that the mental defect was due to defects essentially congenital as well as heritable; the psychopathic factors in the father and in the fraternity of the mother indicate that other heritable factors have been added to the patient's handicap of mental defect.

CASE NO. 539 — MALE

Summary of heredity:

Fraternities 4, individuals 23. A fraternity group showing quantitative intelligence defect and substitutive (alcoholic) reactions.

Fraternity I with consorts, 6 members. Of these, 1 was very religious, 4 are little known but have no record of abnormal conduct, 1, the father of the patient, was alcoholic, came to U. S. A. as an emigrant.

Fraternity II with consorts, 6 members. Of these, 1 was alcoholic, 1 normal but very religious, 1 normal, 2 little known but presumed normal, 1 the patient was psychotic, alcoholic, showed mental defect, committed arson and was in various institutions all his life.

Fraternity III with consorts, 6 members. One is a known normal, 5 others have no record of abnormal symptom-behavior.

Fraternity IV with consorts, 5 members. Of these, 4 are normal, 1 unascertained.

Remarks: A tendency to alcoholism on the part of some members, and of marked religious tendencies on the part of sibs or children is noticeable, indicating individual specific methods dependent upon make-up of handling conflicts. The occurrence of repeated arson associated with a psychosis and quantitative intelligence defect on the part of the patient, the son of an alcoholic father, is to be remarked.

Parents and sibs of patient.—The father was an Irish emigrant showing thus initiative and push. Later became a very heavy drinker but lived many years and finally developed senile deterioration (organ weakness of the neuro-mental type). The mother is said to have been apparently normal; died of “shock,” details unknown. Sibs of patient were 2 brothers, 1 is normal, 1 is a marked alcoholic, died at 68 years. No other record.

The patient.—Born 1852, New York State. Seemed normal to family in early youth. Learned blacksmith trade and on account of “head near the heat” and marked alcoholism began to show mental change at age of 26 years and was committed as insane to Utica State Hospital after having set fire to a barn. Seemed deteriorated; later was transferred to Onondaga County Home where he set fire to a school house and was finally sent to the old Oneida County Insane Asylum whence years later he was transferred to the Rome State Custodial Asylum. Talks little, “is very stupid.” Is showing terminal deterioration. Has been an institution case since 1879.

Cause of mental defect.— From father's side heritable groups of recessive unit characters which determine deviations in personal make-up development essentially of a psychopathic type; tending to early mental deterioration in which the factors for definite quantitative intelligence defect are overshadowed by the psychotic. From the mother's side nothing is recorded. The case is essentially one of psychopathic deterioration rather than mental defect *per se*.

CASE No. 540 — FEMALE

Summary of heredity:

Fraternities 3, individuals 25. A fragmentary history of a fraternity group showing quantitative intelligence defect, sex offense and general economic inefficiency.

Fraternity I with consorts, 2 members. These are the 2 maternal grandparents of the patient. Both lived to old age. Nothing known as to abnormal symptom-behavior.

Fraternity II with consorts, 13 members. Of these, 1, the reputed father of the patient who died at 90 years. His origin is shrouded in mystery, had 2 names and his supposed parents may have been foster parents. Not of high economic value but there is no record of markedly abnormal conduct. One, the mother of the patient, dirty, unkempt, mentally defective and alcoholic; 1, her brother, is an epileptic; 1, her sister, is said to be insane and has been an inmate of an almshouse. Three others are unascertained but have no record of abnormal conduct but 1 male and 1 female were said to be "feeble-minded;" 1 was a half-brother of these sibs, condition unascertained; 2 others unascertained. One is the illicit consort of the patient's mother. This man was an alcoholic, and deserted his own wife to cohabit with the other woman. One is another illicit consort of this same woman, and apparently of poor social value. One was the consort of the insane woman, record unknown.

Fraternity III with consorts, 10 known members. Three or 4 were unascertained. Of these, 2 were sibs, placed out in Utica Orphan Asylum. The next 7 all sibs of the patient, are considered by those who knew them as rather defective mentally: one

as "lacking in good sense." One is the patient, a mental defective. There are several more cousins in this fraternity who are wholly unascertained.

Remarks: The lack of sex inhibition in the mother becomes more striking in the light of sex conduct on the part of her children.

Parents and sibs of patient.— The reputed father of the patient died at the age of 90 when patient was about 1 year old. It has been claimed that her father was her own elder brother and that perhaps her own elder sister may have been her actual mother by him. The reputed mother would have been about 41 years old at time of patient's birth. She is a tall, thin, prematurely aged woman, adherent lobules of ears, "had fits" from age 7 to time of marriage a few years ago. Is "degenerate and low grade" morally. There are 7 sibs of the patient. Of these, most are married, some have children. No records as they have scattered.

The patient.— Born 1902, New York State. Physically well formed, slight hesitancy in speech accompanied by twitching, jerking movements of facial muscles suggestive of chorea. At physical age of 14 years had mental age level of VIII years. Reads and writes fairly well. Was adopted but foster mother was an alcoholic (as was her own reputed mother), and on account of improper guardianship was committed to the House of Good Shepherd in Utica; ran away, again placed out in May 1915, and committed to Rome State Custodial Asylum in February, 1916. Seems to be deteriorating.

Cause of mental defect.— Recessive unit characters which determine quantitative intelligence defect and lack of sex inhibition, particularly from mother's side.

CASE NO. 541 — MALE

Summary of heredity:

Fraternities 4, individuals 108. A fraternity group showing a progressive increase in quantitative intelligence defect, alcoholism, sex offenders, incest and economic dependency.

Fraternity I with consorts, 5 members. Of these, 1 was alcoholic, 1 unascertained. (The descendants of this couple had 6 mental defectives in the two succeeding generations.) One, a men-

tally defective woman had 2 consorts. (The descendants of these matings had 8 mental defectives in the two succeeding generations.)

Fraternity II with consorts, 16 members. Of these, 1, a mentally defective male, inmate of County House, mated with a mentally defective woman, also an inmate of the Oneida County Home. She had illicit relations with another man. The next couple was an alcoholic, male sex offender an inmate of Oneida County Almshouse who married a mentally defective woman of "violent temper" who had illicit relations with another alcoholic sex offender. Another couple: 1 male, little known, married a mentally defective woman. The next four individuals are little known. Then comes a woman who married a sex offender, who deserted wife, had illicit sex relations with two other women and in addition committed incest with his own daughter.

Fraternity III with consorts, 65 members. Of these, 61 are children and consorts of only 6 matings, 1 of these matings being illicit. The first family group, with consorts, shows 1 woman mentally defective, sex offender with 1 legitimate and 2 illicit consorts; she was cared for in an institution for delinquents and in the Oneida County Almshouse; 1 woman, inmates of "Anchorage-Elmira," mental defective, and her consort. Three other sibs, no anti-social record. One mental defective woman who was also insane and cared for at Utica State Hospital and had also been in Rome State Custodial Asylum and in the "Shelter" at Syracuse. One mental defective girl cared for at Syracuse State Institution, 1 mental defective boy cared for at St. Vincent's, Utica, showed criminal traits. The next family group were all cousins to the foregoing. Of this family, with consorts, 1 died at 8 years of convulsions, 1 cared for at Utica Orphan Asylum and later at Berkshire Industrial Farm, mated a feeble-minded woman who had a child born out of wedlock and later she married another feeble-minded man. One male had children by illicit relations with a woman (sex offender) who was married to another man. Three children of this fraternity died as infants. The mother of the foregoing sibs had illicit relations with an alcoholic man and by him had 5 more children which constitute the following family group. One a feeble-minded boy was the patient, who first

attracted attention to this group. He was cared for in Utica Orphan Asylum and later admitted to Rome State Custodial Asylum. His brother, a case of mental defect, inmate of St. Vincent's Industrial School, Utica, committed incest on his own sister, a feeble-minded girl, once cared for in the Utica Orphan Asylum. Another sister was a mental defective in Syracuse State Institution. One died in infancy. In the legitimate family there were 6 sibs; in the illegitimate family there were 5 sibs. Of these 11 children by the same feeble-minded mother, 5 died in infancy, 5 were cared for each in one or more institutions, 3 were sex offenders and 2 committed incest. The next family was comprised of 14 sibs and in addition they had 7 consorts. Of the sibs there are 4 feeble-minded boys, 1 probable mental defective boy with chorea, 2 dead, 1 male family deserter; 1 male, wanderlust; 2 unascertained; the 7 consorts were of rather poor economic level but no special record. The next family group are children, 2 sibs by 1 mating and another half-sib with consort. No special record. However, the mother of these 3 sibs was married again to an alcoholic man by whom we find 5 children, half-sibs to the first 3. Of these 5, 1, a feeble-minded woman sex offender, cared for in an institution for delinquents, mated with a criminal and convict by whom she had 4 children; she again mated with another man and had 2 children, and again had illicit relations with another man by whom she had 1 child. The next sib, a girl, had 2 consorts, record uneventful. The next sib was a female sex offender, an inmate of Oneida County Almshouse, "killed while joy riding." Her consort deserted her before the birth of their child. Another sib was a female sex offender with a court record of "common prostitute." Her consort is little known. The next sib is a boy whose parentage is doubtful and may be the child of his older sister by incest with her brother.

Fraternity IV with consorts, 22 members. One is a girl, inmate of St. Joseph's Orphan Asylum, Utica. Her half-sib is the child by same mother and an illicit mating. The next was a boy showing two thumbs in left hand, "large head." (Son of the feeble-minded woman who had been in the Anchorage-Elmira.) The next member of this fraternity is a girl born out of wedlock from a feeble-minded mother. The next two, children of sex offenders,

have no record. The record of the next is unknown. Two more were inmates of the House of the Good Shepherd, Utica. Two are their consorts, no record. One is a young child whose mother is feeble-minded. The next one is a young girl, feeble-minded, intelligence quotient 60, an inmate of St. John's Orphan Asylum. She was born out of wedlock by the sex offense of her feeble-minded delinquent mother. This girl had 4 half-sibs from the same mother. All 4 were dependents as follows: One in St. John's, Utica; 1, an affective deviate with an intelligence quotient of 80, was in St. Vincent's, Utica; the 2 others were in St. Joseph's Infant Home, Utica. There are 2 other half-sibs by the same feeble-minded mother and her third consort. The record of these 2 half-sibs is unascertained. The next member of the IV Fraternity is a young boy, son of a sex offending dependent mother and a family deserting father. The boy has been cared for in the Oneida County Almshouse and House of the Good Shepherd, Utica, as his father had deserted him and his mother had been killed "while joy riding." He is an economic dependent, son of economic and social failures. The value of heritable units for just such familial trend development is worthy of the most intensive study. Two other members of Fraternity IV exist but their records are unascertained.

Remarks: Here are shown 108 individuals in 4 generations. There have occurred repeated cases of marked quantitative intelligence defect (but only a few showing marked affective deviations), tendency to low economic values, and sex offenses which are marked by a primitive type of expression including incest. There are in the 108 persons, 23 individuals who show definite quantitative intelligence defect, whose mental deviation was in the direction of substitutive activities and as such were marked alcoholics. Two showed deviations in personality — developmental trends in the shape of definite psychoses which in both instances were accompanied by quantitative intelligence defect. Three were wife deserters. This tendency may be due in part to a wanderlust trend, part to the lack of ability for application and fruitful work seen in all cases of mental defect, and part possibly due to personality-deviations in the way of homo-sexual trends. As a group the wife deserters are in addition economic liabilities of the State

and economic failures in themselves. The sex offenders who were openly known as such were 14. Their offenses seemed to be the expression of mere primitive longings without inhibition as there were several cases of incest. The low social level of such human material including those members without marked antisocial or abnormal records is best indicated by the statement repeatedly found in the history of this whole group, i. e., "the immediate environment of the families has always been of the poorest — low standards of living." The hovel-slum-unwashed segments of the social circle represent definite heritable unit characters and should be recognized as such in practical efforts for economic uplift.

Parents and sibs of patient.—The mother, a feeble-minded woman, twin sister of a feeble-minded woman by a feeble-minded mother. Thinks her own feeble-minded offspring are as bright as anyone else (showing the characteristic lack of insight and ability to appreciate their own shortcomings which forever precludes such types from spontaneously trying to help themselves which explains why they are essentially problems of the State "if democracy is to be made safe for the world"). The patient's mother's first consort was an alcoholic sex offender who spent most of his time in the Oneida County Almshouse. There were 6 pregnancies by this mating but only two survived; both are sex offenders. One of the children died with convulsions at the age of 8 years, suggesting status epilepticus. After a while the mother of these sibs left her husband and began an illicit relationship with consort number 2 by whom there were 5 pregnancies; 4 of these sibs were feeble-minded, 1 died in infancy. All four, *one of whom was the patient*, received economic aid as dependents; 1 brother, case of mental defect, in St. Vincent's Industrial School, Utica (he committed incest with his sister, the next individual here recorded); 1 sister, case of mental defect, incest with brother, later "very coarse and vulgar," cared for in Utica Orphan Asylum; 1 feeble-minded sister in Utica Orphan Asylum and later in Syracuse State Institution for Feeble-Minded Children.

The patient.—Born New York State, 1896. When 10 years old placed in Utica Orphan Asylum on "Improper Guardianship," remained 1 year and admitted to Syracuse State Institu-

tion for Feeble-Minded Children; was not able to grasp the training there and was transferred to Rome State Custodial Asylum. Shows lack of sex inhibition, tries to get near girls, has speech defect. Locomotion, vision and hearing fair. Strikes others and is unruly. Wassermann negative. Rather low grade quantitative intelligence defect with (lack of inhibition) affective deviation.

Cause of mental defect.—From father's side heritable groups of recessive unit characters which determine quantitative intelligence defect, affective deviation and lack of sex inhibition. From the mother's side, the same. A duplex inheritance in the sense of recessive unit characters which determine deviations and defects in personality.

CASE No. 542 — FEMALE

Summary of heredity:

Fraternities 3, individuals 17. Individuals showing psychopathic and affective deviations overshadowing quantitative intelligence defect.

Fraternity I with consorts, 4 members. Of these, 1 woman died in childbirth, had queer ideas; her husband married again, this wife was burned to death; he married a third time, this wife has no record of abnormalities.

Fraternity II with consorts, 10 members. Of these, 6 are sibs by the first marriage of Fraternity I. Of these 6, with their 2 consorts: 1 died of hernia, age 4 months (organ weakness of physical-developmental type); 1 said to be normal, was cared for at House of the Good Shepherd, Utica; 1, her consort, normal; 1 died of pneumonia, age 2 weeks; 1 died at infancy or born dead; 1 cared for at House of Good Shepherd, Utica, married, consort normal; 1, her twin, is the patient, a mentally defective psychotic; 1 is a child by the second marriage, normal; 1 is a child by the third marriage, presumed normal.

Fraternity III no consorts, 3 members. All 3 are children of 1 of the sibs of Fraternity II. Said to be normal.

Remarks: A maternal inheritance; history of "eccentricity" in maternal grandfather; mother had queer ideas and was a psychopathic type, also seemed inferior mentally. These traits are found accentuated in the patient.

Parents and sibs of patient.— Mother seemed rather defective in intelligence, poured oil on a fire which caused her death. After her first pregnancy had “nervous symptoms,” could not sleep, heard “people knocking at door at night,” wanted husband to send them away. Delusions lasted 4 months, then made a readjustment, got along fairly well for 8 years when patient was born in twin pregnancy. Father had fair standards of living, worked hard, paid for maintenance of children after wife’s death. Went “as far as the sciences” in school. Six sibs including patient. One born dead; 1 died at 4 months (organ weakness of physical-developmental type); 1 died at 2 weeks of pneumonia; 1 normal, attained 8th school grade; 1, the twin of patient, developed well, became a nurse, apparently normal; the other is the patient.

The patient.— Born England, 1893, always delicate. Age 3 years before talked; attempted to walk at 3 years but only “threw her feet in such a way that she tripped — received many falls.” Attended school, 6 to 14, but made no progress and “created scenes” in class room. Would scream and become abusive if teacher spoke harshly to her. Learned to read a little but never to write. Could only wash dishes as to work. Age 15 years 6 months, began to show motor unrest, singing, destructive, “incoherent.” Left home partly dressed, went to school, became abusive; had the delusion that teacher was unkind to her. A week later “not able to give an intelligent answer to any question,” threw dishes, threatened drowning, attacked children who spoke to her. Admitted Utica State Hospital June 28, 1909. Physical status, no marked stigmata, some enlargement of thyroid. Orientation good for person, fair for time and place. Memory shows some discrepancies but essentially good. Paroled July 11, 1910; continued difficult to manage at home; committed Rome State Custodial Asylum September, 1915. Mental age level IX.2 years.

Cause of mental defect.— From the father’s side, the inheritance is apparently normal; but the possibility of transmitting recessive (mental defect) characters by a person apparently normal is to be remembered. From the mother’s side heritable groups of recessive unit characters which determine quantitative intelligence defect of a rather mild type but in addition carrying recessive traits

potential for deviation in development of personal make-up, characterized essentially by affective imbalance and inhibitory defects. A personality whose symptom-behavior was determined largely by the psychotic-affective deviations and whose economic inefficiency was further increased by lack of quantitative intelligence capacity both derived through relative degrees of recessive nulliplex inheritance.

CASE NO. 543 — MALE

Summary of heredity:

Fraternities 4, individuals 31. Illustrating the transmission of the recessive trait of quantitative intelligence capacity defect through a mother who appeared normal but was herself a "DR" in the Mendelian sense. It illustrates the eugenic danger of such an apparently "normal" person; and emphasizes the value of examining the symptom-behavior and intelligence capacity of the siblings of any person where progeny are desired showing *no* undesirable traits.

Fraternity I with consorts, 4 members. These, the maternal and paternal grandparents of the patient, are little known. They lived in Europe and died at advanced age.

Fraternity II with consorts, 6 members. The fraternity of the patient's mother is found here. One, with consort living in England, mental status unascertained. One was "insane or feeble-minded;" he was the brother of the patient's mother. She is spoken of as "a normal woman." Her consort is "comfortable — appears prosperous — intelligent." After his first wife died he married again. This second consort appears normal and all her 4 children seem normal.

Fraternity III with consorts, 18 members. Of these 10 are siblings by the first wife and consort of Fraternity II, and 4 are siblings by the second wife and same consort of Fraternity II. Of the first 10 siblings 3 died in infancy (1 by drowning); 1 girl seems normal as does her consort, but she never had any children (organ weakness-sterility?). One girl and her consort are prosperous and their children (in Fraternity IV) are "beautiful and attractive." This couple fear having sons as "the family feel that the defect passes along in the male line," an interesting commen-

tary but to be used in elucidating the possibilities of coincidence in transmission of recessive unit characters in "DR" or even "DR" and "DD" matings. One other girl and her consort "normal and respectable." No children (organ weakness-sterility?). One other girl and consort. They travel much and have no children. (Perhaps for reasons above; possibly all have fear of transmitting mental defect.) There were then 10 sibs, 3 are dead as infants (perhaps as an expression of organ-weakness-developmental type), 4 seem quite normal. Of these 4, 1 has had children *without* transmitting mental defect and is probably of the "DD" or at least "DR" type. Three have not had any children. Three have shown mental defect as follows: One went only as far as second grade in school, can converse, goes out alone and runs errands for his father; 1, a mental defective, died young; 1 is the patient. Four other half-sibs are by the father's second marriage. All normal.

Remarks: Quantitative intelligence defect (without any marked affective deviations) in certain members, associated with many infant deaths (organ weakness in the sense of developmental defects and lack of resistance). A lesson in eugenics.

Parents and sibs of patient.—The father while apparently of rather good make-up was a "DR" and on a second mating with a woman without recessive traits (of mental defect) in her own make-up, had 4 normal children. The mother, as previously outlined, is a "DR" in her ability to *appear* normal but to transmit recessive traits. This is demonstrated in her children of whom 30 per cent are mental defectives, 30 per cent died in infancy (1 by drowning), 30 per cent appear normal but have no children. Ten per cent normal and have normal children.

The patient.—Born 1889, New York State. Walked at 20 months, "has no forehead," convulsions began at 9 months "all through teething." Did not notice things, mental defect shown early in life. At 5 years began to talk, but never spoke plainly; can tell what he wants; is unclean in personal habits, eating food with a spoon at 7 years. Obedient, good tempered (no marked affective deviations). Age 8 years admitted to Syracuse State Institution for Feeble-Minded Children where he remained for 11 years, then was transferred to Rome State Custodial Asylum.

Was unteachable; convulsions had ceased; has deteriorated during the past year. Shows cranial asymmetry and physical stigmata. History attributes "scarlet fever" as cause of mental defect.

Cause of mental defect.— From father's side little of a demonstrable nature, although the probability of his being a DR in the Mendelian sense is of practical importance. From the mother's side heritable groups of recessive unit characters which determine quantitative intelligence defect (resulting in organ weakness on the developmental side). The transmission of recessive (mental defect) traits was here exemplified according to mathematical expectations. The prognosis in such a case is absolutely bad for any sort of economic efficiency.

CASE NO. 544 — MALE

Summary of heredity:

Fraternities 3, individuals 9. A nidus of economic degeneracy. This fraternity-group was described in the headlines of a newspaper as "Nine pigs, mother and three children living in shanty." A lesson in cacogenics.

Fraternity I, 2 members. A man and a woman, mated, and their child was born somewhere back in the depths of the Ramapo Hills. The two members of this fraternity are unknown but their daughter has been studied. The economic status of the couple may be guessed at by the fact that the legitimacy of their child is doubtful.

Fraternity II with consorts, 3 members. The daughter of the above couple lived in the Ramapo Hills. She "never wore clothes" but wrapped herself in a blanket. Her offspring by various matings never had clothes, "in summer they don't need none, in winter I keep them behind the stove." This woman had 4 children and when found had 3 of them, along with 9 pigs and herself, all in the same one-room shanty. This woman is the mother of the patient, by an illicit consort who was alcoholic, of low economic worth and met a violent death. She had relations with several other men by whom she had 3 other children, each said to have a different father; all of whom became social dependents.

Fraternity III, 4 members, the siblings of the patient, described below; all cases of mental defect.

Remarks: This fraternity group illustrates how mental defectives, all of low economic value, tend to settle down in remote spots beyond the highways of the world, where they are able to eke out an unhygienic existence without competition from higher and more vigorous types.

Parents and sibs of patient.—The father was an alcoholic, a known drunkard and of low economic worth. He never married the mother of the patient and was finally shot to death by a negro. The mother had lived in the remote parts of the Ramapo Hill region since birth. She had always had promiscuous sex relations and was never married. Is of "violent" temper; "uncleanly" in habits; Binet tests at age of 38 years indicated a mental level of 7 years. She is defective to the grade of imbecility. She is said to be illegitimate herself, and was spoken of as "wicked." She never had any education and there is something in the element of deprivation of social advantages in explaining her present mental status but on the other hand the psychometric findings, family and personal history do not show symptom-behavior indicating inborn developmental traits adequate for normality. In 1895 she was in the Ulster County Almshouse while pregnant; later drifted along until she was arrested when discovered in the shanty with her naked children and eventually admitted to the Rome State Custodial Asylum in 1912. After remaining in Rome for 5 years she was transferred back to the custody of Ulster County in 1917. An example of innate economic uselessness. The siblings of the patient are probably all by different fathers. They are each only half-sibs to one another. Of these, 1 girl "does not seem able to learn," made no progress in school. At the age of 9 years she was in a "home" for improper guardianship, a month later was discharged to a society for placing out, but evidently was incompetent, returned to the "home" and finally admitted to the Rome State Custodial Asylum. She will no doubt be of little use to the State as an economic unit. Another sister (or half-sister) was cared for in an "industrial home," as was also a brother (or half-brother). Thus all these siblings have received aid from society as economic dependents per se, but also as economic dependents through cecogenic mating by parents.

The patient.— Born 1899, New York State. Early cared for in "orphan asylum." Has scar on forehead where struck by a stone. At physical age of 16 years had mental age of VII.4 years. Height 5 ft. 4½ in., 116½ lbs. Has always been backward in learning, "wilful and lazy," eats rapidly, untruthful, "queer, uncontrollable laugh," slow in action and ideation. Physical stigmata; wide flaring ears, high palate, low forehead, face asymmetrical, low stature, wide-placed eyes, winged scapulae. Vision good, gait no ataxia, slight swaying romberg. He was tried for adoption but could not get along. Now can spell words of 3 letters with great difficulty but is clean and careful of clothes. An affective deviate in his untruthfulness and wilfulness. A total loss to the State as an economic unit for citizenship.

Cause of mental defect.— From father's side heritable groups of recessive unit characters which determine quantitative intelligence defect and affective inhibitory loss (alcoholism in a gross defective). From the mother's side, the same, with emphasis on the quantitative intelligence capacity defect (and resultant sex promiscuity in the female, and economic dependency of offspring).

CASE NO. 545 — MALE

Summary of heredity:

Fraternities 4, individuals 22. A fraternity group with much symptom-behavior suggesting reactions of a constitutional psychopathic type, coming down from both sides, i. e. "RR."

Fraternity I with consort, 2 members. The man, paternal great grandfather of the patient, was insane in Ireland, details unknown. Consort presumed normal.

Fraternity II with consorts, 4 members. One, the paternal grandfather of patient, was of peculiar make-up and "died of a shock." His consort, paternal grandmother, died of tuberculosis (organ weakness on the side of lack of resistance to bacterial invasion). One, maternal grandfather, died of cancer of the throat, the grandmother of "kidney trouble."

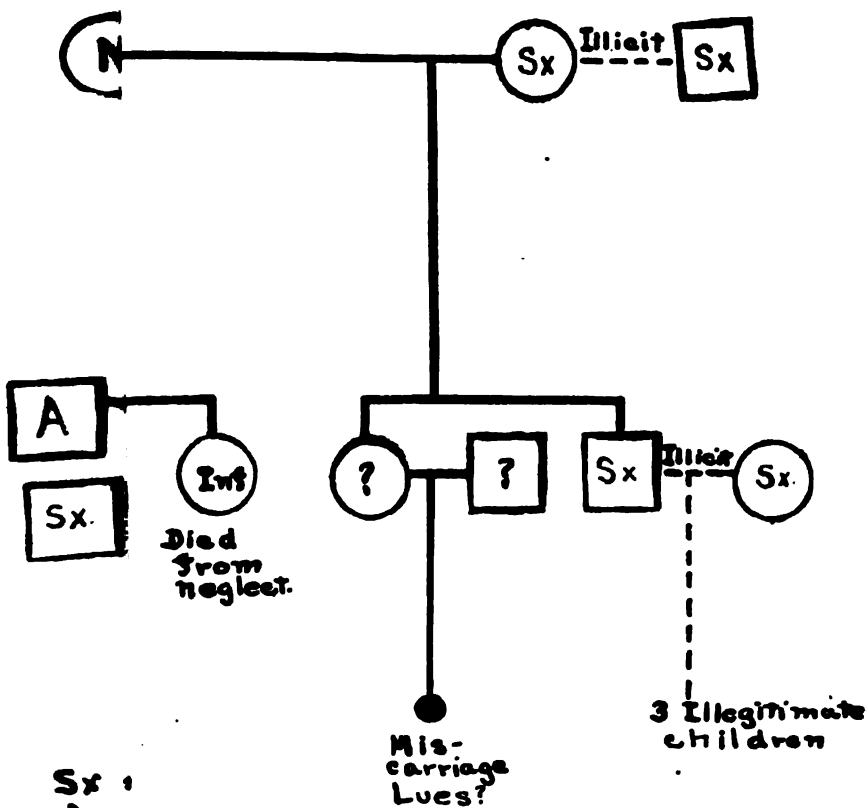
Fraternity III with consorts, 6 members. Of these, 1, the father of the patient, is an alcoholic; 1, the mother, is not markedly defective but the home has been one of comparative poverty. One, the

inoculating others who have a constitutional lack of resistance to such bacterial invasion. One family shows essentially anti social acts, alcoholism and sex offenders. Two families show essentially mental defect, alcoholism (substitutive reactions), insanity, as well as sex offense and anti social tendencies. Wanderlust occurs largely in the same fraternity of siblings. In all cases, abnormal symptom-behavior means institution residence and social liabilities.

Parents and sibs of patient.— The extent to which promiscuous matings may be carried by individuals of low social value is illustrated by the parents of the patient. The chart here given illustrates the legal and illicit matings and the children resulting therefrom.

It is seen that the patient's mother had 5 known mates with children by all except 1 one of them, 13 in all. The father of the patient had 3 known mates; known children by 2 of them, 10 in all. This man and woman showed extreme lack of sex inhibition, were always social dependents and economic failures. Due to gross intellectual defect and lack of initiative, they never showed active antisocial trends against persons or property. The woman once consorted with an alcoholic criminal but had no children by him. While they both received public aid, yet they are not conspicuous as institution dependents and illustrate how some of the lowest grades of social-intellectual defectives get along outside of institutions, living a clan life usually in secluded communities and while not themselves on an institutional census, produce children who become such, beside polluting the body politic with a constant stream of germplasm absolutely potential for further economic and civic loss to the State. Here is a concrete instance of the mental defective at large, left to his own ends. It illustrates the necessity for continual supervised living for such individuals.

The siblings of the patient: One, a case of mental defect, cared for in House of Good Shepherd; 1, dependent in House of Good Shepherd, "brighter than the rest," placed out in a home; 1, age 3, in Utica Orphan Asylum, discharged and readmitted, finally placed out on trial, "intelligent;" 1 is now unknown as she has dropped out of sight; her twin brother cannot be traced. Two half-sibs by the same father and another woman show: one male



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sex offender, father of 3 illegitimate children; 1, his sister, unknown except that she had a miscarriage (which suggests lues); 1 half-sib by mother of the patient and another man said to be "normal" but is still a young child and eventual developmental status not yet ascertained. Three illegitimate half-sibs by the same mother of the patient and another man show 2 boys feeble-minded, 1, a dependent in House of Good Shepherd, a young child not as yet showing marked defect. All of these children have yet to display any real economic value. They should be re-examined after passing the physical age of 10 years and again about 14 years when other children are completing the common school course.

The patient.—Born 1891, Oneida County, New York State. When young seemed "intelligent" according to Utica Orphan Asylum records where she was admitted when 7 years old, remained 4 months and was discharged to her father, lived with him for the next 9 months and was readmitted to the orphan asylum; then placed "on trial" a year later at the age of 9. She lasted only 3 months with her foster parents and was readmitted for the third time to Utica Orphan Asylum (readmissions to orphan asylums and recidivism of adults present parallels for comparison and investigation). She remained in the orphan asylum for a little over a year, then went again "on trial" to a new home where she managed to stay 6 months and then for the fourth time re-entered the Utica Orphan Asylum. She remained 2 years and then was transferred to Rome State Custodial Asylum in 1910. She was small for her years as a child, dull and slow to comprehend. Can carry a tune, understands commands but will not obey. Is not to be trusted; evasive; untidy; ill-tempered, but never violent; no sense of modesty; liable to be misled. (Quantitative intelligence defect overshadowing the lesser but concomitant affective deviations.) Reads but misplaces letters. Later she developed unrestrained sex longings; physical appearance good, "graceful and dances;" worked under direction and liked by others. Her rather good outcome under years of institutional training obscures the background of ancestor stock, ancestor limitations and ancestor sex failings. This case illustrates the need of balancing the known facts of *ancestor* symptom-behavior with the facts of *patient* symptom-behavior before coming to a conclusion as to economic and

social *prognosis* if such a case is to be allowed to go into a colony or on parole, i. e., with either light, partial or no supervision over her future civic activities.

Cause of mental defect.— From father's side heritable groups of recessive unit characters which determine quantitative intelligence defect, affective deviation and sex inhibition. From the mother's side, the same, a duplex inheritance of recessive unit characters.

CASE NO. 547 — MALE

Summary of heredity:

Fraternities 5, individuals 132. A history showing considerable tuberculosis, alcoholism, wanderlust and mental defect. It illustrates the recessive type of unit characters of organ weakness on the developmental side.

Fraternity I with consorts, 2 members. Unascertained.

Fraternity II with consorts, 11 members. One case of mental defect. The others are largely unknown.

Fraternity III with consorts, 33 members. These form 4 groups of siblings. One feeble-minded in 1 group. Two fraternities of sibs are apparently all normal but some members are unascertained. The next group (who had a maternal uncle feeble-minded in Fraternity II) show 1 feeble-minded, 2 tubercular (organ weakness — lack of resistance).

Fraternity IV with consorts, 50 members. These form 5 groups of siblings. The first group are all normal. The second group show 2 tuberculars (lack of resistance) and 1 dead of Bright's disease (organ weakness — cardio-vascular-renal type). The third group shows 1 tubercular, 2 mental defect, 1 one of whom was antisocial and criminal. (These sibs had a maternal uncle feeble-minded in Fraternity III.) The fourth group of sibs appear normal so far as known. The fifth group of sibs show 1 an alcoholic but not intellectually defective (substitutive reaction); 1 is mentally defective and alcoholic (deficiency of inhibition). These individuals, cousins to the third group, had the same maternal uncle feeble-minded in Fraternity III. They also had 2 tubercular maternal aunts of the same Fraternity (III), who were the

sisters of the feeble-minded man in this (III) Fraternity. (Organ weakness — heritable characters determining mental and physical weakness or defect.) The remainder of Fraternity IV seem normal.

Fraternity V with consorts, 36 members. These form 13 small groups of siblings. Three of these groups have only 1 individual who is normal. Three groups are unascertained. Six other groups have all members essentially normal so far as known. The last group is the fraternity of patient and 5 siblings and shows, 1, no mental defect but tubercular; 3, "normal;" 1, mental defect; 1, mental defect and wanderlust, is the patient.

Remarks: The most noticeable features in this whole fraternity group is the occurrence of mental defect from parental stock showing no marked mental defect themselves but these same parents have siblings showing organ weakness (lack of resistance — tuberculosis; cardio-vascular-renal type, Bright's disease), all of which is highly suggestive of the relationship between unit characters carrying determiners for physical organ-somatic-normality and physical organ-brain-normality necessary components for normal quantitative intelligence capacity.

Parents and sibs of patient.— Father said "to have very good mentality," successful as a manufacturer and held a rather high position in the economic scale. Died by unavoidable accident, by a charged electric fixture. Mother "intelligent, talented woman," supported the family after the husband's death; is an economic success. Shows taste and discrimination. Siblings — 5. One, a brother, a musician, "exceptionally bright," has had tuberculosis since childhood but nevertheless has been an efficient economic unit. One, sister, died at 2 years of "spinal meningitis." One, brother, "very talented along musical lines;" advanced in school grades and shows economic success. One, brother, is of good conduct but "very backward in school" (grade III at 13 years of age), "slow to learn," dislikes study, likes "fun." Attractive physically. Is mentally defective. One, a sister, very attractive physically, bright in studies, musical and histrionic ability.

The patient.— Born 1896, New York State. "Always different from his brothers and sisters." As a baby did not hold up head.

At 2 years developed convulsions. Walked at 2, talked at 5 years of age. Age 10 years had adenoids removed but without much benefit. Stubborn, unruly, wanted his own way, easily upset and when irritated would throw things (affective imbalance) showed wanderlust, leaving for days at a time, often returning with a collection of articles saying "people had given them to him." All valuables at home had to be locked up. (Antisocial trends. Once after a wandering trip, returned home but slept in coal-bin where he remained all next day "because he was not dressed up." Reached fourth grade in school but owing to anti-social habits was committed to Rome State Custodial Asylum at the age of 18 years. He remains cleanly in habits but is irritable and is showing increasing loss of inhibition and possibly some deterioration. The possibility of wanderlust symptom-behavior being based on unconscious trends linked up with mental conflicts is to be remembered. Such running away may represent an actual flight from a situation intolerable to the personality; a situation potential for mental conflict which the patient is able to manage in no other way. Sometimes the flight is made to attain simple wish fulfillments. Particularly may this be the case in those of primitive ideation or of intellectual defect. Such flights are then the conduct of the run-away child seeking the gold pot at the end of the rainbow.

Cause of mental defect.—From father's side heritable groups of recessive unit characters which determine organ weakness on the developmental side, lack of resistance to bacterial invasion and quantitative intelligence defect. From the mother's side the same. The organ weakness, denoted by tuberculosis and the cardio-vascular-renal complex found in the 2 generations preceding the patient's fraternity, seems to show its work in the latter as an organ weakness on the developmental side (brain), also containing another unit character, i. e., innate lack of resistance to bacterial invasion (tuberculosis in a brother of patient).

This fraternity group illustrates how parents who are "DR" types in the Mendelian sense, themselves apparently normal, may transmit recessive unit characters which make for developmental failure; i. e., organ weakness of specific types in the individual and economic loss to the State.

CASE No. 548 — MALE

Summary of heredity:

Fraternities 2, individuals 9. A fragment showing mental defect and economic loss to the State.

Fraternity I composed of the alcoholic father, the feeble-minded mother and her other illicit consort.

Fraternity II, 5 siblings by the first mating above; and 1, the illegitimate child of the second illicit mating, half-sib to the others.

Remarks: The feeble-minded woman is at all times the potential source for future economic loss to the State.

Parents and sibs of patient.— The father was physically handicapped by being a cripple, who further evaded the disappointments of life by substituting alcohol for dynamic efforts at economic independence. The mother was a feeble-minded woman, a dependent at the Oneida County Almshouse, who besides her lawful husband had an illicit mating with another man by whom she had 1 illegitimate child. The sibs of the patient are: One, a young boy already showing symptoms of being at least a borderline case of mental defect; 1, another boy, shows mental defect and tuberculosis (organ weakness, lack of resistance to bacterial invasion); 1, the sister, so far shows no marked mental defect; 1, a boy, is little known. The illegitimate half-sib, a young child, was a dependent at the Oneida County Almshouse.

The patient. Born 1907, New York State. Physical condition good but rather thin and delicate. Mental defect was noticed at the age of 4 years. Cared for at the House of the Good Shepherd, Utica, and later sent to Rome State Custodial Asylum. Physical health declined, became irritable and at times "quite violent." Seemed to show increasing deterioration.

Cause of mental defect.— From the father's side heritable groups of recessive unit characters which determine mental defect, and substitutive type of reactions. From the mother's side groups of recessive unit characters for definite quantitative intelligence defect and affective imbalance.

CASE NO. 549 — MALE

Summary of heredity:

Fraternities 5, individuals 65. Organ weakness, type of lack of resistance to bacterial invasion (tuberculosis); developmental defects (blind, deaf, mental defect, cretinism), psychopathic personality; psychoses and substitutive reactions (alcohol).

Fraternity I with consorts, 3 members. No history. Lived years ago.

Fraternity II with consorts, 10 members. One man and consort (paternal grandparents of patient) "all right mentally." One man and consort (maternal grandparents of patient) "all right mentally," but there were two individuals, each a sib of these grandparents, who were insane. The cousin of these showed senile deterioration with pronounced loss of memory. The 3 remaining members of this fraternity are believed to be normal.

Fraternity III with consorts, 27 members. One, nearly blind and very deaf. His wife is very deaf. One, the father of the patient, is alcoholic. One, his wife, mother of the patient, is tubercular. This woman had 1 brother insane, 1 sister insane, 1 brother tubercular, 1 sister had cancer, 2 sisters normal, 1 sister tubercular. One brother insane and alcoholic; 5 others in this fraternity are little known but are presumed to be fairly normal.

Fraternity IV with consorts, 21 members. Seven are little known; 2 are unknown; 5 are normal; 1, exact status unascertained; 1, a female sex offender; 1 male sex offender also alcoholic; 1 is "nervous;" 1, the patient, is a case of mental defect. Two of his sibs died in infancy.

Remarks: The second generation previous to the patient shows deviations in constitutional developmental make-up potential for psychoses; the generation preceding the patient shows the same with added factors for the development of tuberculosis, cancer, deafness, blindness and alcoholism. The patient's generation in the whole related group shows these recessive unit characters for developmental failure existing as mental defect, cretinism, psychopathic trends, alcoholism, and sex offense (affective imbalance and deficiency of inhibition). Organ weakness essentially on the developmental side is the outstanding feature.

Parents and sibs of patient.— Father emigrant, served through Civil War, farm laborer. "Ignorant and a drunkard." Never supported family well; later lived alone. Was probably mentally defective. Mother, "short stature," was of "good reputation and average mentality." Died of tuberculosis fairly early in life. Two siblings died in infancy, cause unknown.

The patient.— Born 1891, New York State. Placed in Utica Orphan Asylum when mother died. Mental defect soon noticed. Cretinism recognized and thyroid extract given. Made no progress in school except to learn to read and write a little. Age 15 years, transferred to Rome State Custodial Asylum. Bad temper, cyclic bursts were "veritable cyclones" (affective imbalance). Tests about 7 years mental age level. Clean. Fat, dark skin, typical cretin, no taller than a 5-year-old child when he was 9 years old.

Cause of mental defect.— From father's side heritable groups of recessive unit characters which determine organ weakness (on the developmental side), mental defect and affective imbalance. From the mother's side recessive unit characters which determine organ weakness (on the side of lack of resistance to bacterial invasion); also on the developmental side (constitutional deviations in personal make-up potential for the development of psychoses); also alcoholism and mild mental defect. The cretinism of the patient may be looked upon in the light of a combination of recessive unit characters from both parents whereby apparently recessive unit characters combine to produce organ weakness on the developmental side.

CASE NO. 550 — MALE

Summary of heredity:

Fraternities 5, individuals 62. Organ weakness on the developmental side is prominent.

Fraternity I with consort, 2 members. Little known, seem to have been normal.

Fraternity II with consorts, 19 members. Of these, 9 were the children of the couple in Fraternity I. Of these 9 children, 1, the mother of the patient, was "nervous and excitable." One was blind, one died, "abscess of brain;" 6 others seemed fair normals. The 6 consorts of these sibs have no records of abnormal symptom-

behavior. The remaining 4 members of this fraternity group are: One, the father of the patient, died of "paralysis;" the remaining 3 are little known but may be presumed to be normal.

Fraternity III with consorts, 26 members. Of these, 16 are little known but have no prominent records for abnormal symptom-behavior; 1 is tubercular; 5 are the sibs of the patient; 1 is the patient. Of the 5 sibs described later, 1 is insane; 1 "excitable;" 1 "nervous;" 2 fair normals; 1, the patient, is a mental defective. One, the consort of the "excitable" sib, is normal as are the other consorts.

Fraternity IV with consorts, 10 members. These are the 7 children and their 3 consorts, of the "excitable" woman just mentioned above and her consort. They all show fair normality.

Fraternity V no consorts, 5 members. These are the children of the 3 married sibs of Fraternity IV. They are all young and so far appear normal.

Remarks: Blindness, paralysis, tuberculosis in early fraternities, with neuropathic symptoms, affective imbalance and mental defect in the patient's fraternity seem to point to organ weakness essentially on the developmental side (constitutional neuro-physical inferiority).

Parents and sibs of the patient.— Father born in England, tall and heavy build, regular habits, no mental defect, died of "cerebral apoplexy." Mother, "very nervous," of mediocre (moron?) intelligence. Always had tremor of hands and of tongue when protruded. Died of "septic dysentery." Siblings: One girl "excitable," not mentally defective; 1 male normal; 1 insane "depressive hallucinosis" made a recovery (constitutional deviation in make-up). Threatened to kill mother (affective imbalance); 1 male, "very nervous," excitable, rather frail physically. Works steadily. One girl normal.

The Patient.— Born 1884, New York State. Said to have attracted no particular attention till 5 years of age. Scarlet fever at 7 which is thought by the family to have further injured him mentally. Made no progress in school, worked around farm, brothers paid no attention to him and opportunities were limited. "Bad temper, ungovernable anger." Is deaf, vision normal. Admitted Rome State Custodial Asylum. Not cleanly. If he had

not been further crippled by the scarlet fever which caused deafness, the case might have been of moron type. It illustrates the possibility of a rather mild form of original quantitative intelligence defect made almost absolute by post-natal disease (environmental factors) which increased the degree of mental defect by deprivation of one of the special senses and as hearing is so closely bound up with ideation-speech, the loss of use of the auditory apparatus in one already having mild defect, presented an insurmountable barrier to further progress.

Cause of mental defect.— From both father and mother heritable groups of recessive unit characters which determine organ weakness on the developmental side (neuro-physical inferiority), constitutional deviations in make-up, affective imbalance and rather mild defect of quantitative intelligence capacity. Post natal causes: deprivation of special sense — hearing — following scarlet fever.

CASE NO. 551 — MALE

Summary of heredity:

Fraternities 4, individuals 25. Mental defect with epilepsy; organ weakness on the developmental side with many still births in a related group, the same mother of all the defective children mating with two brothers.

Fraternity I with consorts, 4 members. One died "after several strokes" (cardio-vascular-renal complex); 1 died of tuberculosis, these were the parents of the two brothers in the next fraternity who mated with one woman. The parents of this woman both appear to have been normal.

Fraternity II with consorts, 3 members. These are the two brothers who mated with one woman. See under Parent and Sibs of Patient.

Fraternity III with consorts, 11 members. One, the patient, is a case of mental defect with epilepsy. Four are his sibs and 2 are consorts of sibs. There are also 4 half-sibs. See under Sibs of Patient.

Fraternity IV no consorts. Seven members, all young children who, so far, appear normal as to symptom-behavior.

Remarks: The findings are inconclusive but strongly suggest

organ weakness on the developmental side; with resulting occurrence of defect in quantitative intelligence capacity, inadequate physical organ capacity (cardio-vascular-renal complex), and still births.

Parents and sibs of patient.— Father was the son of a man having cardio-vascular-renal symptoms. The father died of pneumonia, aged 28 years (organ weakness on the side of lack of resistance to bacterial invasion with perhaps cardiac complex assisting in exitus). No marked mental defect but was of "poor wage earning" capacity, which is highly suggestive of intellectual capacity defect. The mother of the patient was spoken of as normal and showed no marked mental defect but there was a "weakness of hearing on mother's side" (organ weakness on the side of developmental defect). She had 5 children by the husband here noted. After his death she married his brother and had 4 children by this mating. The second husband is little known but has no prominent record of abnormal symptom-behavior. The siblings of patient are 4. One brother is a musician, plays well, graduated from school and is a scientific poultry raiser. Is "without question normal." His consort is normal. One sister and her consort are little known. One was still born. One died in 22 days; had "trouble with umbilicus." (Both cases seem to indicate organ weakness on the developmental side.) The 4 half-sibs by the second mating of the mother to the brother of her husband, are as follows: Three still born, 1 an infant still living at 6 months.

The Patient.— Born Italy, 1881, during an earthquake. The fright of the mother is supposed to have caused the mental defect in the child. In infancy was backward in speech as he did not talk till between 3 and 4 years of age. Walked at 2 years. Microcephalic, and "one side of body seemed weaker;" later hearing in "one ear became weaker." Had convulsions from infancy. (Very probably due to cortical irritation from anatomical-organic type of developmental defect (microcephaly).) Later masturbated. Hair short and thin, vision good, high palate. Could make no progress in scholastic work, but did some work as a "laborer." Irritable only when teased (no marked affective imbalance).

Cause of mental defect.—From father's side heritable group of recessive characters which determine organ weakness on the developmental side (cardio-vascular-renal complex). From the mother's side heritable groups of recessive unit characters which determine organ weakness on the developmental side: tendency to growing weakness in hearing; production of still births; 20 per cent. by one husband, 75 per cent. by his brother; other anatomical developmental defects as shown by umbilical weakness in one child; quantitative intelligence defect with microcephaly in another child, the patient. The organ weakness on the developmental side here shown appears to be transmitted as a recessive trait, in which the parents appear as "DR" in the Mendelian sense; for the reason that at least one of their children is a known normal, showing none of the various forms of organ weakness found in his ancestors.

CASE NO. 552 — FEMALE

CASE NO. 564 — FEMALE

This fraternity group will be referred to from time to time as the "Blank Family."

Summary of heredity:

Fraternities 7, individuals 371. An enormous fraternity group; ancestors early settlers in New York State; descendants showing much quantitative intelligence defect, lack of sex inhibition, substitutive reactions (alcoholism), and on the whole a rather low level of economic value to society. The group includes cases No. 552 f, and No. 564 f. An outline of the ancestors of each will be given here; the specific facts of parents and sibs will be given under that head for each case. The following description of the whole fraternity group applies to both these cases. The early members of this family were living up state in the days of the Indians and fur traders. It is probable that all branches come from the original couple who were very early pioneers. Several branches carrying the same name claim to be no relation to each other but probably are through early ancestors. The branch to which No. 552 f. belongs has shown sex offense, mental

defect, alcoholism and tuberculosis (organ weakness on the side of lack of resistance to bacterial invasion) for four generations back; one or more of these various medico-social defects appearing in almost every individual. Siblings, parents, grandparents, all show similar defects and the marriage of first cousins as was the case with the grandparents of No. 552 f. brings together the DR and RR individuals whose progeny are therefore DR and RR and thus an increasing number of social liabilities is piled up against the sociological economic resources of the State. When ancestors of doubtful social value beget similar children who in turn again beget not only similar defective children but also step outside the pale of wedlock and beget similar *illegitimate* children it is piling Pelion on Ossa. In considering the possible characteristics of the early ancestors we must remember that the early frontiers held a refuge for those whose antisocial tendencies caused them to flee from the more settled communities; and so it does not always follow that the frontiersman typified initiative, courage and other characteristics of personality useful to the state.

Of the large fraternity group under discussion, many members appear to be orderly self-supporting units and as such represent the "DR" members of that particular family. On the other hand, practically everyone of the families studied show at least one member who has developed odd or antisocial symptom-behavior, sex offense, alcoholism, mental defect or physical defect or disorder, particularly tuberculosis. These abnormal individuals are no doubt the "RR" members of their fraternities and serve to emphasize the occurrence of quantitative intelligence defect, affective imbalance, and organ weakness on the developmental side as recessive unit characters. The whole family group has been characterized as "a simple-minded people — they do not as a rule commit crimes for they lack the daring. They have no ambition to get away from their crude surroundings."

Fraternity I, 2 members. A man and wife who as frontier immigrants came to upper New York State when "the great pass" was but an Indian trail. Nothing is known of them but it is barely possible that this couple was composed of a well known aggressive fur trading white man and a white maiden of a lower mental calibre, then a frontier resident.

Fraternity II with consorts, 9 members. The couple of Fraternity I had 4 children. One boy is normal; 1 girl is little known but had no marked abnormalities; 1 boy was a marked alcoholic and died from paralysis (cardio-vascular-renal complex type); 1 boy was a case of gross quantitative intelligence defect. With this the first fraternity of siblings, the DR and RR types come into view. The alcoholic boy mates a woman of unknown type. The mental defective boy mates with a female sex offender also probably a mental defective, this woman also has an illegitimate child by another male sex offender. The normal boy mates with a woman of unknown type. The girl mates a man of unknown type (and begets an alcoholic male thus showing their own cases as at best DR in a Mendelian sense). The 9 members of Fraternity II thus are the ancestors for 9 branches of this related family group; and thus early it is seen that each of these 9 families is composed of individuals who are DR or RR types, sure sources for further recessive outcroppings as matings occur with similar types. Now the facts on subsequent mating are as follows:

The new family groups did not move far away and in Fraternity III we see the beginning of cousin marriages which inevitably bring the *apparently* normal DRs into each others arms to the end that progeny shows full fledged recessive traits — RR types — and although the other sibs may *appear* normal they are of the DR type and capable of *transmitting* the recessive traits as often as mating takes places with another DR or RR person.

Fraternity III with consorts, 38 members. These 38 represent 17 first matings (rematings not included) and of these 17 original marriages the astonishing number of 8 cousin marriages is disclosed and in addition 1 marriage by individuals both of the same name but who deny relationship. The results that follow may be looked at almost in the light of a laboratory experiment as to the possibilities of transmission by DR types (normal appearing but capable of transmitting) of quantitative intelligence defect, affective deviations, particularly on the side of deficiency of inhibition in sex matters, alcoholism as a substitutive reaction, alcohol as an expression of simple deficiency of inhibition in a mental defective, organ weakness on the developmental side and

in lack of resistance to bacterial invasion — transmission of all these individual *types* of symptom-behavior as recessive unit characters which are fairly well circumscribed. The facts are that in Fraternity III we have the children and over half of their consorts as offspring from the 9 members of Fraternity II, each of whom is a DR or an RR type. These 38 members are known to us as follows:

Of low economic value (lack of initiative and possible mental defect) but with no marked record of abnormal symptom-behavior	24
Gross quantitative intelligence defect	2
Organ weakness (cardio-vascular-renal type)	2
Organ weakness (lack of resistance to bacterial invasion) tuberculosis	2
Organ weakness (developmental type) "general debility"	1
Organ weakness (developmental type) cancer	1
Sex offenders	2
Cancer probable ("died of mal-nutrition")	1
Wanderlust ("went away — never heard from")	1
Normal	2

Fraternity IV with consorts, 111 members. There were 6 cousin matings. Three matings were in triplet siblings. The outstanding findings are:

Of low economic value (lack of initiative and possible mental defect) but with no marked record of abnormal symptom-behavior	38
Sex offender — crime — alcohol	1
Sex offender — tuberculosis	1
Sex offender — gross mental defect	11
Sex offender — alcohol	1
Organ weakness (lack of resistance to bacterial invasion) tuberculosis	8
Organ weakness (developmental type) cancer	1
Gross quantitative intelligence defect	11
Sex offenders — not previously included	15
Substitutive reactions — lack of inhibition — alcohol	5

Antisocial — criminal type	1
Antisocial — dependent, almshouse type	1
Psychoses	2
Psycho-neurosis — epilepsy	1
Normal	14

Fraternity V with consorts, 144 members. It will be noticed that gross quantitative intelligence defect appears more frequently than in *Fraternity IV*.

Of low economic value (lack of initiative and possible mental defect) but with no marked record of abnormal symptom-behavior 78

(Of these cases at least 2 are illegitimate)

Sex offender and alcohol	1
Sex offender and tuberculosis	1
Sex offender and gross mental defect	2
Sex offender — quantitative intelligence defect — epilepsy	1
Sex offenders not previously included	10
Alcohol — tuberculosis	1
Gross quantitative intelligence defect	16
Substitutive reactions — lack of inhibition — alcohol	7
Organ weakness (lack of resistance to bacterial invasion) tuberculosis	2
Psychosis and sex offender	1
Normal — including 1 so-called "normal" who was alcoholic (substitutive type); 2 who were sex offenders (lack of inhibition, a form of affective deviation); 2 others who were themselves illegitimate children by sex offender matings — total	24

Patient No. 552 f. appears in *Fraternity V* as feeble-minded and an inmate in the Rome State Custodial Asylum.

Fraternity VI with consorts. 60 members.

Of low economic value (lack of initiative and possible mental defect) but with no record of abnormal symptom-behavior (but including 1 individual, a dependent in the House of the Good Shepherd and 1 who was the illegitimate child of sex offenders) 34

Gross quantitative intelligence defect.....	8
Organ weakness (lack of resistance to bacterial invasion) tuberculosis.....	1
Substitutive reaction — lack of inhibition — alcohol...	1
Normal.....	16

Patient No. 564 f. appears in Fraternity VI as feeble-minded and an inmate of the Rome State Custodial Asylum.

Fraternity VII no consorts. Seven members. All small children.

Condition unascertained.....	1
Died in infancy.....	2
Normal.....	4

Remarks: This whole fraternity group points out in results of matings the expectations which can be prognosticated with almost mathematical accuracy when DR matings take place, when DR and RR matings take place and when RR and RR matings take place. In Fraternity IV, 2 mental defectives, RR types, mate. The result in that *all* their children are mental defectives, i. e. all RR types. Other matings of DR types carrying groups of recessive unit characters for organ weakness on the developmental side or on the side of lack of resistance to bacterial invasion (as tuberculosis) point to the probability of the transmission of such traits of organ weakness as recessive characters. Organ weakness on the developmental side may show, either independently or combined as a mental (brain) defect or as a physical (somatic) defect. This variation probably occurs in some cases according to either a relative excess or lack of dominance of unit characters determining “normal” physical development. In other cases, as illustrated in the fraternities of the patients here recorded, the organ weakness of the developmental type which they show seems to have the status of a true unit character of recessive type. The *degree* of mental defect, or of physical somatic defect which they develop (i. e. the extent of the intelligence disorder through defect of brain and the defect of physical function through defect of somatic organs) depends upon the relative depth or valuation of the recessive unit character on the scale of recessiveness. This accounts for the findings that some of the

individuals of these fraternities show greater quantitative intelligence defect than others, that some show mental defect combined with other organ weaknesses that have also come down in the same type from similar ancestors, and that some fraternities tend to develop more examples of some specified type of organ weakness than others; all of which would seem to indicate variations in the value of dominant determiners on the one hand and the degree of recessiveness of recessive unit characters on the other.

PATIENT No. 552 — FEMALE

Parents and sibs of patient.— The father died of tuberculosis, age 54 years. Married his cousin who was the mother of the patient. The father's parents were also first cousins, the father's father (paternal grandfather of the patient) being definitely feeble-minded. The father of the patient is then an example of the DR type of person, himself not a gross mental defective but capable of transmitting it when mated with another person of the same DR type which was what happened when he mated his own first cousin who became the patient's mother. She had parents who were (mother) sex offender and tubercular, (father) alcoholic, queer personality who always went by a nickname characterizing his odd personality. These were the maternal grandparents of the patient. The mother's sibs were alcoholics, sex offenders and mental defectives. The mother of the patient is then an example of the DR type of person, as explained above in the case of the patient's father. This mating resulted in 3 children, i. e. 2 sibs and the patient. One brother is a shiftless alcoholic; 1 brother is a young adult "tall and lank" but spoken of as "bright for the Blank family." The other child is the patient.

The mother of the patient married a second time after first husband died. This second husband was a mental defective and though the mother of the patient was never called a feeble-minded person by those who knew her, her mating with a feeble-minded man shows her own mental limitations and incidentally the tendency in such matings to fall back into a (to be expected) low level of social and economic life. By the second marriage of the

patient's mother there were two children, half-sibs of the patient. They are too young to show definite developmental defects. The mother was characterized as "does not know enough to come in when it rains." She lives in a dirty, poorly furnished house (typical house-keeping and low economic success of the mental defective). She has never acquired or absorbed any "education" but has "a fairly good memory." Such was the soil whence came No. 552 f. a mental defective, a social dependent, an economic loss to the State.

The patient.— No. 552, female, born 1890, New York State, in Oneida County. "Feeble-minded all her life," attained fifth grade in school (probably advanced in school without regard to mental capability). No defect of special senses. Spoken of as a "prostitute"; moves around. Cleanly, not destructive. Married a shiftless, alcoholic, by whom she had a baby. He deserted her when the baby was 6 weeks old and the child became a dependent in the orphan asylum. The patient then lived with another man, and an illegitimate child arrived which became a dependent in the House of the Good Shepherd, Utica. The patient was admitted to the Rome State Custodial Asylum in 1915 where she has remained. She is easy to control, shows no gross affective deviation but her lack of sex inhibition, quantitative intelligence defect and inevitable trend to load up the State with economic liabilities, makes her further segregation desirable. The history of such a case as this should preclude parole or discharge except under properly supervised agencies.

Cause of mental defect.— From both father's and mother's side, who were first cousins, heritable groups of recessive unit characters which determine quantitative intelligence defect, lack of sex inhibition, organ weakness on the developmental side and also on the side of lack of resistance to bacterial invasion.

CASE NO. 564 — FEMALE

Case No. 552 f. had a grandfather who was the brother of the grandmother of patient No. 564 f.

Parents and sibs of patient No. 564, female.— The father can neither read nor write, and from the age of 17 has worked in an intermittent fashion. Is spoken of as "shiftless" and is a mental

defective. He is lazy and expects some one to support him and for this reason took the patient out of an orphan asylum to work. He shows lack of sex inhibition. He "is immoral in his desires and ran with dumb beasts." He married his first wife when she was 16 years of age who became the mother of the patient and also of another child, both of whom are mental defectives. His wife divorced him and he married a woman older than himself and only a little, if any, more responsible than he is. His actions are peculiar and his home indicates low economic efficiency.

The mother has suffered from epileptic seizures and later developed Bright's disease. She married the father of the patient, left him and lived with a negro. Is ignorant and superstitious. Is a mental defective, epileptic, sex offender who has always occupied a low position in the economic scale.

The children of this couple were two in number, the patient and a sib brother. This brother is a case of mental defect, who has been a dependent in the St. Joseph's Infant Home and St. Vincent's Industrial School.

The patient.— No. 564, female, born 1899, New York State in Oneida County. Had epileptic seizures during infancy; was taken from mother's custody when the latter ran away with a negro and thus the patient early began life as a dependent, entering St. Joseph's Infant Home at the age of 4 years. She remained 4 years and was transferred to St. John's Catholic Orphan Asylum where she remained for 7 years and was then discharged to her father who wanted her to go to work for his support. She remained out only one month and was then committed to Rome State Custodial Asylum where she has since remained. She is almost 20 years of age and has been dependent on private philanthropy or State funds for the past 15 years with an indefinite expectation of further economic dependence. She never advanced beyond second grade school work but was placed in the third grade as "she was too large for lower grades." General physical condition good. Cleanly. Affective deviate, cruel, sticks pins in children and annoys animals. Collects rubbish and steals small articles usually of no value to herself. Will soil bed at night unless gotten up by attendant. Habits with smaller children are bad. Gross quantitative intelligence defect. A total economic loss to the State.

Cause of mental defect.— From both father and mother, heritable groups of recessive unit characters which determine quantitative intelligence defect, affective deviation, lack of sex inhibition, and in addition from the mother's side recessive unit characters for the psycho-neurosis epilepsy. The patient is an RR from RR parents.

CASE No. 553 — MALE

Summary of heredity:

Adequate records not found. A patient who early developed a psychosis and later deteriorated.

Parents and sibs of patient.— Father killed by a railroad accident years ago. Mother said to have died in childbirth. The father had a second wife who is stated to have been insane. Siblings known: 1 brother "died of a complication of diseases." One half-brother was an inmate of Utica Orphan Asylum for a time. Condition now unknown. One other half-brother was adopted as a child and has not shown any unusual symptom behavior so far as known.

The patient.— Born 1858, probably New York State. No record of early life. Admitted as an insane patient to the Oneida County Insane Hospital in 1889; transferred to the temporary State Hospital at Rome in 1893 and admitted to the Rome State Custodial Asylum in May 1894 where he has since remained. Shows loss of intellectual capacity probably due to deterioration. The case is one showing a psychosis of constitutional form, associated with deterioration and should probably be grouped as a case of dementia praecox, developing in a personality showing also quantitative intelligence defect. Wasserman "1 + or doubtful." Has convergent strabismus; conical shaped head. Articulation good.

Cause of mental defect.— Data too meager to make satisfactory analysis. The constitutional deviations in physical development should be noted.

CASE No. 554 — FEMALE

Summary of heredity:

Fraternities 3, individuals 11. A fragment showing organ

weakness as to resistance to bacterial invasion in parents and anatomical developmental defects in patient.

Fraternity I with consorts, 4 members. Nothing definite known of any of them.

Fraternity II with consorts, 4 members. These are the two parents and a maternal aunt and her consort. All dead. Parents described below.

Fraternity III no consorts, 3 members. The patient and 2 sibs.

Remarks: Data unsatisfactory. The marked physical developmental defects in patient are not found in the parents who, however, showed another type of constitutional organ weakness.

Parents and sibs of patient.— Father never was remarked as a gross mental defective but it is worthy of note that he had typhoid fever and later died of tuberculosis. The mother also died of tuberculosis. Organ weakness on the side of lack of resistance to bacterial invasion. The patient's two sibs are at present uncertain.

The patient.— Born, 1907, in New York State. Is a microcephalic idiot of a mental level of about 1 year. Destructive; personal habits like an infant.

Cause of mental defect.— Data too meager to make a satisfactory analysis. The prominence of the anatomical defects on the developmental side in conjunction with the marked susceptibility of both parents to bacterial invasion (organ weakness responsible for constitutional deviations of a special type) should be noted.

CASE NO. 555 — MALE

Summary of heredity:

Fraternities 4, individuals 26. An example of a DR type of woman who, mating with a DD or DR type of man, produced 33 per cent. neuropathic and 66 per cent. normal *appearing* children; but when she mated with a sex offender and social outlaw, presumably an RR type, the resulting child as an RR showed gross constitutional defects. This same DR woman made a third mating with another DD type of man and produced a normal appearing child. Thus are seen 3 separate matings: the progeny of which are made to appear as "normal" or "defective" according to the

choice of consort. The result may be viewed as a laboratory experiment in eugenics and also as a demonstration of who are the potential economic liabilities of the State and how, through them, actual economic losses occur. The determiners for the recessive unit characters in the DR mother are furthermore none other than those studied in the fraternities of the Blank family, under patients No. 552, female and No. 564, female. This DR mother as an investigator remarked "is from one of the better branches of the Blank family but it is evident that her blood was not strong and stable enough to supply the lack." The undesirable recessive traits which appeared so often in the fraternities of No. 552, female and No. 564, female and which produced mental defect with antisocial conduct is found in this case No. 555, male, to be of the same type and character. Recessive traits do not "run out" in families. But they may be bred out by calculation and the elimination of DR and RR progeny for further procreating. When the DR and the RR mate a mathematical combination is again made for RR — defective — progeny.

Organ weakness on the developmental side, at least for practical purposes, may be assumed as a recessive unit character. In examining RR progeny, we find that defect of brain and consequent defect of brain function is early demonstrable. Affective imbalance, deficiency of inhibition in both the ideational and the instinctive fields may in the same way be considered largely in the sense of a recessive unit character so far as symptom-behavior is concerned. In this connection it would appear that quantitative intelligence capacity (defect) and the affective valuation status (imbalance) may be inherited and later develop as always concomitant but separate unit characters. This we see demonstrated in the "benign" or "stable" types of RR (mental defective) personalities who show varying degrees of quantitative intelligence defect (as laid down by determiners for ultimate capacity development) but at all times demonstrate an adequate, parallel affect, of proper and relative intensity of feeling tone, under facile inhibition.

Fraternity I with consorts, 5 members. One (maternal grandfather of patient) was "considered normal" but came from the Blank family who had many members feeble-minded, alcoholic

and sex offenders. His first consort was his own first cousin being herself a member of the Blank fraternity. His second consort was the maternal grandmother of the patient. Of her we have no record of marked abnormalities. He also had a third consort. This woman had previously been married to another man. No records of marked abnormalities.

Fraternity II with consorts, 9 members. Two are the patient's unmarried, sex offender parents, described later. There are two other consorts of this same woman. One of these was a "nervous" man (DR type) who had 3 children by the woman, 1 of whom showed neuropathic traits (RR type), enuresis; the two others had marked adenoids but no marked neuro-mental defects. The other (3rd) consort of this woman was a "respectable and prosperous" type. He had 1 child by this same woman. She seems normal but is still young. The patient's mother had 1 sib, a brother, who died young after a dog bite. The remaining 4 members of fraternity II are 2 sibs from the 1st mating in fraternity I (the man and woman, cousins, of the Blank family). They are normal *appearing* people, who with their two consorts have produced children who so far seem normal. DR individuals descended from the Blank family who mate with DD individuals would naturally have normal *appearing* progeny.

Fraternity III with consorts, 10 members. There are the 3 sibs by the mother of the patient and the "nervous" man. One has enuresis and is "rather stupid in school." One is in the seventh grade at 15 years of age. Seems mentally dull at least but is commonly called normal. One, at 9 years, is in 5th grade, "nervous" but learns well and is probably normal. Both these latter had marked adenoids which were removed. Then comes the patient an illegitimate, feeble-minded child of the sex offending mother and the illicit consort. Patient is half-sib to the first 3 noted in this fraternity and half-sib to the next who is a girl, by same mother and the 3rd consort. She is in 4th grade at 7 years and is apparently normal. The remaining members of this fraternity are the children of the half-sibs of the patient's mother, 5 in number, no odd symptom-behavior, and appear normal.

Fraternity IV no consorts. Two young sibs; children of the last mentioned in Fraternity III. Appear normal.

Remarks: Sex offenders and alcoholics although not themselves showing marked mental deviations may practically always be regarded in the light of DR and RR persons in the Mendelian sense, "carriers" of social diseases and economic wastage through progeny.

Parents and sibs of patient.—The father was "a wild, high-tempered, drinking man, running after many women." He was a marked sex offender and at last accounts lived with a woman not his wife. He shows marked affective deviation, lack of sex inhibition and also lack of inhibition and tendency to develop substitutive reactions in his alcoholism. The mother was "always a gad about." First mating was a regular marriage; had 3 children described below. Then husband died and she was a sex offender with the man described above as the father of the patient. She had relations with him very soon after her husband's death and there seems to be a distinct lack of sex inhibition. As his character was bad she decided she would not marry him and made arrangements to place the patient, then an infant, out in some institution. In this manner he entered the House of the Good Shepherd. She never saw him again. She then cancelled her past conduct and married again, and has had another child. She is always "nervous" when pregnant; gives the impression of being affectively unstable but shows no marked quantitative intelligence defect and keeps house well. This woman is a DR type and is a member of the Blank family described under patients No. 552, female, and No. 564, female. The recessive traits carried by the members of the Blank family make for mental defect, sex offenders and affective deviations in the sense of deficiency of inhibition generally.

The siblings of the patient: No whole siblings. Three half-siblings by the mother's first mating. One attained sixth grade and then began to work. Was "stupid in school," enuresis until 14 years of age. Had enlarged adenoids which were removed. The enuresis is suggestive of recessive unit characters for neuro-pathic defect, probably largely derived from the mother. One, enlarged adenoids, believed normal, "was given away by her mother." (Such a lack of a sense of responsibility is suggestive of moron symptom-behavior in the mother.) One, is a "nervous

child but learns well and is considered normal." Like all his sibs, he had enlarged adenoids and tonsils (a developmental weakness?). The other half-sib of the patient was the child by the same mother and her third mating. Is in fourth grade at 7 years and apparently is much brighter than her half-sibs. (Her father was "normal.")

The patient.— Born 1906, New York State, Oneida County. An illegitimate child, was given to the House of Good Shepherd, Utica, at the age of 6 weeks and never seen again by his mother. Later he was placed in a home and "while considered lovable, was so restless they could not get along with him" and returned to the orphan asylum where on account of peculiar conduct he was examined and committed to the Rome State Custodial Asylum. Physical status, high narrow forehead, broad base of nose, mouth drools, early dental caries. Can do errands but seems to be deteriorating as he grows older. Is distractible; kindergarten work poor on account of attention disorder, untruthful and a "tattler." Age 10 years had mental age level of 5 and was showing considerable amnesia. Examined four successive times, as follows:

January, 1913, physical age 7, mental age IV $2/5$, retardation $2\frac{1}{2}$ years.

October, 1914, physical age $8\frac{9}{12}$, mental age V $1/5$, retardation $3\frac{1}{2}$ years.

October, 1915, physical age $9\frac{9}{12}$, mental age IV $4/5$, retardation, 5 + years.

October, 1916, physical age $10\frac{9}{12}$, mental age V $3/5$, retardation, 5 + years.

Prognosis poor and will probably never advance beyond a 7-year level. He is the RR child of a DR mother (via the determiners for social inadequacy from the Blank family) and a DR or possibly RR father, an unintellectual wastral and affective deviate.

Cause of mental defect.— From father's side heritable groups of recessive unit characters which determine quantitative intelligence defect, more especially affective deviation and lack of sex inhibition. From the mother's side the same general recessive traits. An hereditary defect, not complicated by post-natal factors of illness or environment.

CASE No. 556, MALE

Summary of heredity:

Fraternities 5, individuals 25. Quantitative intelligence defect associated with convulsions.

Fraternity I with consorts, 2 members. One, the paternal great grandfather of patient, was an alcoholic. His consort rather young.

Fraternity II with consorts, 5 members. Two died early; 1 had "venereal disease" and died in Oneida County Home, a dependent; 1 normal; 1 unascertained.

Fraternity III with consorts, 4 members. One, the father of patient, a "brutal" man; 1, his consort, mother of patient, died rather young of placenta praevia and hemorrhage. Had one convulsion at time of death. Two others unascertained.

Fraternity IV with consorts, 13 members. These are the patient, his 10 sibs and their consorts. One sister, a moron, had "convulsions," 1 other sister, one of twins, had "convulsions," her twin brother dying in infancy. One was still born. One, the patient, a case of mental defect with epilepsy.

Fraternity V no consorts, 1 member. This is the normal child of a sib of the patient.

Remarks: Many adults died when comparatively young. Alcoholism in Fraternity I and mental defect in Fraternity III with mental defect and epilepsy in Fraternity IV are the essential findings. A progressive increase of degree of physical and mental defect reactions.

Parents and sibs of patient.—The father is repulsive and unclean, drools, "unbelievably ignorant" but thinks his education is superior to others. (A megalomaniac trend suggestive of a psychosis.) Masturbates in front of his children. The mother died at 43 years of age from hemorrhage, caused by placenta praevia (the father, above, thinks the doctor "cut the blood vessels"—suggestive of a psychotic delusional trend). She was "worn out" with hard work and a brutal husband. Had one convulsion at time of death. The sibs of patient: 1, normal; 1 is "a poor housekeeper," probably not very high grade intellectually; 1 girl is a mill worker, fair normal. One girl is now a

mill worker, had convulsions from teething to adolescence when they ceased. Was in sixth grade at 14 years; deflected nasal septum, odd appearance but able to care for self. One girl had a few convulsions age 10 years for 1 month, now normal. One boy normal; 1 boy rather brighter than the rest; 1 still born; 2 twins, one died at 6 months of convulsions, 1 died soon of "cholera infantum."

The patient.—Born 1903, New York State, Oneida County. Physically adherent lobules but general features good. His mother died when he was 4 years old and his mentally defective father forced him to sleep in the bed in which she died. He thereupon had his first convulsion (a psychotic reaction due to constitutional inadequacy for adaptation to stress, fright) admitted Rome State Custodial Asylum when 10 years old. Shows flashes of bad temper, has disturbed periods. Is in third grade of school. Infrequent attacks of petit mal. Mentally grades IX.1 at 10 5/12 physical years so quantitative intelligence defect is not marked. Is persevering, memory good and has no special sense defects.

Cause of mental defect.—From father's side heritable groups of recessive unit characters which determine affective imbalance, deficiency of inhibition, and some quantitative intelligence defect. An inheritance adequate for the production of symptom-behavior pre-eminently on the psychotic side as shown by the development of convulsive reactions after a great fright at the hands of his brutal father, associated with ideas concerning his dead mother. The convulsions occurring under such circumstances can very readily be perceived as a subconscious method of escape from a horrible situation, linked up to instinctive wishes for a return to maternal protection. The mother's ancestors do not show any marked abnormalities. The fact that she was said to have had one convulsion at time of death is to be noted.

CASE NO. 557, FEMALE

Summary of heredity:

Fraternities 3, individuals 9. Epilepsy, mental defect and physical stigmata.

Fraternity I with consorts, 4 members. Condition unascertained.

Fraternity II with consorts, 2 members. These are the parents of the patient, described later.

Fraternity III no consorts, 3 members. These are the patient, a case of mental defect and her 2 sibs (described later). Both dependents in homes for orphans.

Remarks: The history is too limited to be of special value.

Parents and sibs of patient.— Father and mother, born Germany. Records state "father was unable to give his children proper care." An economic liability of the State. Siblings— Brother "healthy and intelligent," was a dependent at Utica Orphan Asylum. Sister was also a dependent in Utica Orphan Asylum; record states "healthy and intelligent."

The patient.— Born 1904, New York State, Oneida County. Had drifted into the Oneida County Home from which place she was sent to the Utica Orphan Asylum where she remained for one year and then entered a home for the feeble-minded and epileptic where she remained until 1915 when she was committed to the Rome State Custodial Asylum. She entered the Utica Orphan Asylum at the same time as did her brother and sister. The patient could walk only with assistance, was epileptic, anaemic and poorly nourished. Articulation not intelligible. Early said to have had rickets and was "delicate" as an infant. Sight and hearing good. At present noisy and often disturbed. Physical stigmata and "deformed ears." The facts as to deterioration following epilepsy should be noted.

Cause of mental defect.— Facts of heredity unascertained. The degree of original quantitative intelligence defect has been rendered unclear by later probable deterioration following epilepsy.

CASE NO. 558 — MALE

Summary of heredity:

Fraternities 4, individuals 25. Organ weakness on the developmental side, cancer, constitutional deviation, alcoholism, in ancestors; mental defect and convulsions in patient's fraternity.

Fraternity I with consorts, 4 members. These are the maternal

great grand-parents of patient. One "died of shock;" 2 lived to be very old, no history; 1 died at 75, no history.

Fraternity II with consorts, 7 members. One died of "cancer" on face; 1 died of pneumonia at menopause; 1 reputed to have lived to 106 years; 3 unascertained; 1 very odd personality, refused to have lamps lit at night, probably a psychotic type of defective (the paternal grandmother of the patient).

Fraternity III with consorts, 7 members. One, the patient's mother, is little known as to mental condition; 1, the patient's father, was a desultory worker and alcoholic; 1 is his second wife, a woman who is a low normal and shows inefficiency in her house-keeping; 1 is the patient's mother's sister, who is a low normal, dirty in appearance and occupies a low economic level. Two are her consorts of whom little is known. One is unascertained.

Fraternity IV no consorts, 7 members. These are 6 sibs including the patient; 1 maternal cousin, a fair normal.

Remarks: The history is too meager for definite analysis but the large number of mental defectives in the patient's fraternity finds, as a probable cause, that the low economic values seen in both mother's and father's side reflected actual mental defect; a parental recessive trait on the developmental side has culminated in children as gross mental defect (RR inheritance).

Parents and sibs of patient.—The father, a painter, earned \$12 to \$18 a week when he would work. He was desultory and alcoholic and his home was poorly furnished. He was spoken of as "unlucky." The mother is little known as to mental reactions; died from "cauliflower cancer of stomach." The husband soon mated the second time with a woman of inferior mental capacity, illustrating how individuals of low mental capacity and poor economic value tend to mate and perpetuate their traits.

Sibs of patient — 5 besides the patient. One grew up to do "odd jobs;" of poor economic value. One is dull, a grade repeater, and probably mentally defective; 1 is a candidate for special class, is a grade repeater and no doubt mentally defective; 1 died of mastoid trouble at 12 years, mental status unknown; 1 died of "cholera infantum" when young.

The patient.—Born 1905, New York State. At the age of 3 months had "spinal meningitis" and after that "feeble-minded-

ness noted." Eyes "defective but vision fair," locomotion not steady; incoherent articulation. Later could walk and talk better but understood poorly, grew uncleanly. Wassermann of blood negative. Irritable at times.

Cause of mental defect.—From both father's and mother's sides, heritable groups of recessive unit characters which determine quantitative intelligence defect (as shown by their own symptom-behavior and low level of economic efficiency); in addition to this, organ weakness due to heritable factors. The child had an attack of "spinal meningitis" which may have further retarded developmental possibilities as well as caused actual organic defect through destruction of normal tissue already formed. A case where causal factors due in part to heredity are amplified by post-natal disease.

CASE NO. 559 — MALE

Summary of heredity:

Fraternities 3, individuals 34. Epilepsy and quantitative intelligence defect, peasant types.

Fraternity I with consorts, 2 members. No record.

Fraternity II with consorts, 16 members. One, the father of patient, a moderate alcoholic; 1, the mother, an illiterate Italian, peasant type, never learned English in 18 years' residence in U. S. A. Stolid, probably mild mental defect. Her 5 sibs and their 3 consorts are peasant types, no marked records of odd conduct. One sib of patient's father is feeble-minded and probably his wife also. Two other sibs and their 2 consorts are unascertained.

Fraternity III, 1 family of 7 sibs paternal cousins of patient, record unascertained. One family of 10 sibs; 1 family of 2 sibs; 1 family of 2 sibs, all maternal cousins of patient. Records unascertained, as they live at a distance. One family of 6 sibs, paternal cousins of patient, as follows: Two are feeble-minded and in special school class; 1 is probably an affective deviate, a potential delinquent "nervous and excitable;" 1 possibly is a fair normal; 2 are unascertained.

Remarks: The family comes from peasant stock but taking all things into consideration, the American born children are not keeping up to ordinary fair standards of mental capacity.

Parents and sibs of patient.—Father, an Italian immigrant, moderate alcoholic, farmer, is paying for his property, and shows no gross mental defect. (His sister is feeble-minded). Mother, an Italian immigrant, never learned any English in 18 years' residence' in U. S. A. Has no insight into mental defect of patient; is of peasant type but also seems to show mild quantitative intelligence defect. Six siblings: One bright in school, normal; 1 frail and undernourished, strikingly different from other sibs, has light hair and eyes. Is up to grade and a fair normal; 1 is very dark complexion, nose broad base, brow low, seems of a lower physical type than the others, is up to grade and seems to be a fair normal; 2 others, normal boys. One girl normal.

The patient.—Born 1902, New York State, Oneida County. Mother had rather hard fall to floor 2 months before birth, lost consciousness and "was badly shaken up." Age 3 months, eyes twitched and head jerked, did not notice things like other children. Walked at 20 months; never talked. Troublesome and hard to manage. Vision poor. Locomotion poor, no understanding of language, rolls in the dirt. Rachitic, pigeon breast. Early developed convulsions, screams and drops to floor; convulsive movements do not always seem to be bilateral. Admitted to Rome State Custodial Asylum in 1910, age 8 years. Low grade quantitative intelligence defect. No improvement.

Cause of mental defect.—From both the father's and mother's sides, heritable groups of recessive unit characters which determine quantitative intelligence defect. (Transmitted through the parents as from DR types of individuals.)

CASE No. 560 — FEMALE

Summary of heredity:

Fraternities 2, individuals 3. Undesirable social traits, anti-social symptom-behavior, as an expression of mental defect either in the quantitative intelligence capacity field or in the affective field, may be considered for practical purposes as recessive unit characters. Here is the concrete expression of this theory. What has been held by many to be only of academic interest is here written in the public tax list; citizens who are debits of society and economic liabilities of the State.

Fraternity I the 2 parents of the patient.

Fraternity II their illegitimate child, who as the mentally defective patient is a dependent at Rome State Custodial Asylum.

Parents and sibs of patient.— The father as a young adult had been a delinquent, socially a dependent, and an inmate of the Rochester State Industrial School. He had illicit sex relations with the feeble-minded woman who became the mother of the patient. The mother was an inmate in an industrial “Home” at the age of 1 year (which leads us to speculation as to her parents — who are unknown). She was placed out, later returned to the “Home,” evidently was discharged and in a short time was an inmate at the Anchorage in Elmira at the age of 12 years. Entered Syracuse State Institution for mental defectives at 14 and the Rome State Custodial Asylum at 16. In 1907, age 21, was in the Newark State Custodial Asylum. About the time she was 19 years old she had illicit sex relations and became pregnant for the patient. This woman was barely able to care for herself but not able to do higher grades of industrial work. Can write a little but is of low mental calibre. She has always been a social liability and an economic loss to the State. She was sequestered before any other siblings of patient were born.

The patient.— Born 1905, New York State, Oneida County. First entered institution records in the Rome State Custodial Asylum at the age of 2 years. Seemed so alert and talkative that an interested charities association took charge of her and placed her in a home. Started in school but at the age of 8 years showed symptom-behavior of mental defect and soon committed to Rome State Custodial Asylum in 1914. Is amiable, converses well, cares for self. As the years go by she has improved a little under training so far as attention and obedience is concerned. All of this emphasizes the positive fact of defect in developmental possibilities: i. e., hereditary type of organ weakness on the developmental side.

DATE	Physical age, years	Mental age, years	Retardation, years
1913.....	8 7/12	V	3½
1914.....	9 6/12	VI 1/5	3
1915.....	10 5/12	VII	3½
1916.....	11 5/12	VII	4½

Development of quantitative intelligence capacity now no longer advances. Paripassu retardation advances with increasing physical years. Year by year she will learn to do a few things better through repetition. She will acquire very few new facts due to innate lack of intelligence capacity. This is social wastage.

Cause of mental defect.—From father and mother, heritable groups of recessive unit characters which determine quantitative intelligence defect (social inadequacy from hereditary organ weakness of the developmental type).

CASES No. 561 — FEMALE; No. 562 — MALE; No. 563 — MALE

Summary of heredity:

Fraternities 5, individuals 44. Mental and physical defect with cretinism.

Fraternity I with consorts, 2 members. A man and woman from the province of Calabria, Italy. Peasant type. Otherwise unknown.

Fraternity II with consorts, 6 members. The first 4: Two are the paternal grandfather and grandmother of the patients. Nothing known of them. Two are paternal granduncles; 1 is unknown; 1 is known as feeble-minded. The other 2 members of this fraternity are the maternal grandparents of the patient; record unknown.

Fraternity III with consorts, 13 members. These constitute the siblings and their consorts of the father and mother of the patients and the father and mother themselves. The father's siblings are 3 brothers. One, a small grocer, has been arrested for assault. One is a fair normal, owns some real estate. Their consorts are little known, but his wife is the sister of the patients' mother. The mother's siblings are: One brother and his consort keeps a small grocery and seem above the average. One sister married the brother-in-law of the patients' mother (as given above). One sister is a sex offender who lived illicitly with a criminal male sex offender who had been mixed up in the stabbing of a man (for which one of his brothers was sent to Auburn prison). Later this couple were lawfully married, after having had an illegitimate child. The male consort is said to have another "wife" living by whom he had 2 children. The father of the

patients is an economic failure and often seeks charity (described later). The mother of the patients is of an unstable, uneducated type without insight (described later).

Fraternity IV with consorts, 22 members. There are 7 siblings (3 of them the patients at the Rome State Custodial Asylum) and 1 consort. Three siblings and 2 consorts who are one family of maternal cousins, 1 the illegitimate maternal cousin; 2, the children of the second wife of the male sex offender in *Fraternity III* who had 2 wives ("half-cousins") of the patients. The 3 patients and their 4 siblings are described later. The others have no record of abnormal conduct.

Fraternity V no consort, 1 member. This is the young child of the patients' married sister who is "beautiful and well developed" but her child has gonorrhoeal ophthalmia and requires the services of a visiting nurse (an expense to the public).

Remarks: An undesirable family from both a sociological and medico-psychological viewpoint; mental defect, cretinism, sex offense, homicidal assaults, illegitimacy, venereal disease, dangers of dependency due to possibilities for blindness caused by gonorrhoeal eye infection of the most recent baby, economic inadequacy and demands for assistance from the bureau of public charities appear as the summary for symptom-behavior. Not only is this family an incubus on society but certain members of it actually demand assistance on the grounds that certain other members are "taxpayers." A quid pro quo attitude not uncommon which shows lack of even the least glimmerings of insight for good citizenship.

Parents and sibs of patient.—The father born in Italy, is of short stature, simian type. Shows quantitative intelligence capacity defect. Is too feeble-minded to hold any position long and is a constant applicant to organized charity bureaus. "Several of his family are marked dwarfs" and 1 paternal uncle feeble-minded. The mother, born in Italy, is a large woman; never learned to speak English. Is unstable and when upset makes a disturbance. She takes in boarders to support the family. Is of a higher level of mental development than her husband and might be classed as a low normal of peasant type. Her sister is a sex offender of low social value. Siblings, children of this couple are

7. They present unusual interest in the diversity of personal appearance and mental and physical defects shown. The affective instability would seem to come largely from the mother's side, although this is also seen in the homicidal history on father's side. The gross mental and physical defects seem to be more essentially character traits transmitted from the father's side. The oldest child is "a beautiful Italian girl, large and well developed." Her baby had gonorrhoeal ophthalmia. The girl-mother demands public medical attention for this baby as "her uncles pay taxes." One sib, a boy, reached fifth grade, later worked at several jobs, often out of work. Is a mental defective, subject to "asthmatic attacks" which cause him to stop work and lose positions (?). Attention poor and finds it difficult to follow simple conversation. One, a very pretty child, amiable, takes care of her sibs and seems much above them in mental caliber. Another girl, now 4 years old, seems a fair normal so far but is not so pretty as her sister above. Here then are 3 sibs of better intelligence capacity than the average, and of much higher physical normality of development (beauty) than the average. Then there is 1 sib, a mental defective but *not* a marked physical defective (excluding brain). Then comes 3 sibs, the patients, all mental defectives, all physical defectives — cretins.

The three patients.—(One sister and her 2 brothers), No. 561, female. Born 1902, New York State, Oneida County. Now at age of 16, is "a dwarf," a cretin of the most pronounced type, protruding tongue, very rough skin. About the stature of a 7-year-old child. Cannot talk. Does not hear much. Gross quantitative intelligence defect. Admitted to Rome State Custodial Asylum in 1917 following a survey; parents were averse to institution care although the family was often assisted by organized charity.

No. 562, male. Born 1906, New York State, Oneida County. Has had 3 "epileptic attacks;" at age of 12 is a cretin; cannot talk, cannot hear. Growth seemed normal up to 1 year of age and then developed very slowly. Gross quantitative intelligence defect. Admitted to Rome State Custodial Asylum in 1917 on the same day and under the same circumstances as his sister.

No. 563, male. Born 1908, New York State, Oneida County.

Was noticed to be defective at birth, but developed without gross defect of special senses. Is more amiable than his sibs. At 10 years of age is a cretin, dwarf, and shows gross quantitative intelligence defect. Admitted to Rome State Custodial Asylum in 1917 on the same date as his brother and sister.

Cause of mental defect.—Concerning cretinism, Davenport in "Heredity in Relation to Eugenics," 1911, states: "That it is hereditary admits of no doubt The thyroid gland is often absent and a goitre is frequently present." Deafness and cretinism are frequently associated. See Case No. 246, Goddard in "Feeble-mindedness, its causes and consequences, 1914." Goddard's case had 1 maternal uncle "die young," 1 maternal uncle die as an infant, 1 maternal uncle tubercular. Maternal grandmother deaf and father died at 37 years of "apoplexy." Here in ancestors seem to be rather definite findings for groups of recessive unit characters which determine organ weakness on the developmental side, i. e., deafness, lack of resistance to bacterial invasion (tuberculosis), cardio-vascular-renal complex disorder (apoplexy in a man of 37). Cretinism has been spoken of as endemic in the mountains of Switzerland. Generally speaking it is endemic only in mountainous regions. Some endemic cretinism is found in the Andes of South America, some in the Himalayas and even to a certain extent in our own Rocky Mountains. Tredgold in "Mental Deficiency," 1914, states that a few "cases are seen in Derbyshire and the western part of Yorkshire." . . . "The cause of this thyroid anomaly — seems to be related to the water supply. It is probable the future will reveal the presence of some specific microbe — but hitherto none has been isolated, although McCarrison in a valuable study (Lancet December 8, 1906) of endemic goitre in India, adduces strong evidence in favor of its infective nature, and concludes that although water is the chief vehicle for the organism of the disease, it is not the only one. . . . The deafness would appear to be dependent upon the presence of vegetations blocking the Eustachian tube, and not upon any nerve change."

The report of the Royal Commission of Sardinia (Ireland, quoted by Tredgold) divides cretins into three classes. "I — Vegetative faculties, are entirely destitute of reproductive and

intellectual powers, cannot speak. II — They have vegetative and reproductive faculties and some rudiments of language. Intellectual efforts go no further than their bodily wants, corresponding only to the impressions of the senses. III — There is added to the faculty of the preceding one a greater amount of intellectual power without reaching the normal human capacity. They are called 'cretineux' or 'cretinous.'"

It is worthy of note that our cases had *ancestors* from Calabria, Italy, the region where so-called endemic cretinism exists. These Calabrian ancestors were dwarfish but not cretins, particularly on the paternal side.

Now it is interesting to see that the *ancestors* of our patients in the Rome State Custodial Asylum, were persons exposed to the causal factors for cretinism in one of the spots of the world where it is endemic; yet none of these ancestors were cretins, although there was a good deal of dwarfishness on the paternal side. *However*, after the dwarfish man emigrates to America and is married to a large woman whose ancestor traits are essentially those of intelligence defect and lack of affective-sex-inhibition, they have 7 children: Three normal in physical appearance, 3 cretins, mental defectives and 1 mental defective but not a cretin. It is obvious that none of these 7 children was ever exposed to the supposed causal factors for cretinism found in mountainous regions, found in drinkers of glacial water, or were subjected to any bacterial invasion in America which could be endemic for Calabria.

So-called sporadic cretinism has usually had other causal factors set forth. "In a few of the cases . . . I found a marked neuropathic family history; . . . several consulting physicians, having a considerable experience, informed me that no special neuropathic heredity had been noticed, but . . . no special attention had been given to the family history . . . Dr. John Thompson, Edinburgh, investigated the family history in 17 of his patients, in 9 there was no history of nervous or mental disease, or of alcoholism; of the remaining 8, in 1 a brother and sister were dwarfs, in 4 there was a family history of mental alienation, and in another of epilepsy, while the fathers of the remaining two patients were alcoholic."*

* Ibid, Tredgold.

The theory of bacterial or other "miasmatic" invasion as a causal factor does not explain well why a single sporadic case appears without adequate source or carrier; nor in our cases is it probable that "bacterial" causes perhaps potent for Italy yet never actually causing cretinism or thyroid trouble in our patients' ancestors while in Italy should play an important causal role in developing three cases of cretinism in the State of New York, 4,000 miles away from the "endemic" spot. Furthermore this defect appearing in the *descendents* of these Calabrian ancestors, and the fraternity showing 3 cretins, 3 physical normals and 1 mental defective (but otherwise a fair physical normal) would lead us to scan the possibilities of the inheritance of unit character groups, of a recessive type, carrying relative determiners (lack of determiners in a recessive sense) for organ weakness on the developmental side, whereby that vital biological urge for complete physical development and concomitant physical function could *not* be accomplished. Hence, we can see why *definite* neuro-pathological findings were not always observed in ancestors, for organ weakness on the developmental side does not *always* mean neuro-mental defect. It does imply developmental defect of *some* part of the whole physical plant, but not always nor necessarily brain. These remarks bring to our attention the actual findings suggestive of organ weakness on the developmental side in ancestors and siblings of our 3 cretins, i. e., quantitative intelligence defect of varying grades, associated with economic inefficiency and actual dependence: affective imbalance, inadequacy of inhibitory mechanisms for social and sex conduct (defects of "brain" as a whole). "Asthma" is recorded in the father and one of his children. The father, his brothers and some others are dwarfish, as are the 3 cretins. Goddard's case shows father dying young of cardio-vascular complex, maternal grandmother deaf, 2 early deaths and 1 tubercular among mother's sibs (organ weaknesses). May it not be quite possible that the recessive traits for organ weakness on both the developmental side and on the side for lack of resistance to bacterial invasion may meet and the recessive unit characters thus combined by parents produce the cretin, an individual whose peculiar defects of brain, body and specific endocrine gland the thyroid expresses RR inheritance of *recessive* unit

characters essential for full organ development. Is it not possible that the individuals of "endemic" spots are the genetic carriers of specific types of recessive unit characters which being specific in anlage make for specific thyroid absence or defect in progeny? This is analogous to familial inheritance of blindness et cetera: specific recessive unit characters postulating specific defects in progeny. Such defects may exist only as a tendency of certain organs to break down, or may exist as fully developed anatomical anomalies, microscopical, macroscopical or recognizable only by perversion of function.

The fraternity of our 3 cretin sib patients with their 3 "normal" sibs, and the 1 brain-defective-body-normal brother, fulfill almost to a mathematical nicety the requirements of Mendelian heredity for recessive unit characters. Here we will rest our case as to the causal factors for both the mental defect (organ weakness on the developmental side for the neuro-mental "brain") and the physical defect (organ weakness on the developmental side — body: soma-endocrine glands, et cetera).

All of these recessive traits can be traced in ancestors; not only in the cases here recorded but in the literature on the subject. Furthermore, in those European countries where cretinism was endemic it has been caused to disappear from selected localities by simple segregation and cutting off of reproduction. If cretinism was due to an acquired bacterial or plasmodic invasion due to environmental or bacteriological factors in that particular country, then cretinism would have reappeared due to new infections in new hosts. This has not been the case.

CASE NO. 565 — MALE

Summary of heredity:

Fraternities 3, individuals 20. Mental defect and alcoholism.

Fraternity I with consorts, 3 members. These are the maternal grandparents. The maternal grandfather was a marked alcoholic. He married a woman who became the maternal grandmother of the patient. She "had a stroke, was paralyzed on one side and died, age 40, of dropsy." (Cardio-vascular-renal complex.) The grandfather had a second consort who was a feeble-minded epi-

leptic. By this consort there were no children. By the first wife there were 4 children, 1 of whom became the patient's mother.

Fraternity II with consorts, 11 members. These are, 1, the father of the patient, an alcoholic; his 3 sibs and 1 consort, little known. Then comes the mother of the patient described later, her 3 sibs and 2 consorts. These seem to be fair normals so far as conduct is concerned.

Fraternity III no consorts, 6 members. These are the patient and his 5 sibs, described later.

Remarks: The data in the history is rather meager but the fact of alcoholism, quantitative intelligence defect and low social values is worthy of note.

Parents and sibs of patient.—The father is "selfish, vicious and rough-spoken." He has been a family deserter, leaving his wife and children for long periods and generally failed to contribute to their support. He was very alcoholic. Occupation chauffeur. The mother has been described as "mean." Has always occupied a lowly social status, working hard since a child. Does hard manual labor very well. Is of short stature, receding chin. "Excitable and a bad temper." Seems to imagine her husband's relative are in league with him against her. This idea is overvalued if not an actual delusion and suggests a tendency in her trends to approach the mechanism of a psychosis. She is self-supporting but is not of a high intellectual capacity. There were 6 pregnancies, 3 of which were miscarriages or died young. The remaining 3 sibs include the patient. The patient's 2 brothers: One "slow mentally but considered normal by his teacher." Was in seventh grade at 15 years. Later was a messenger boy and was trying to learn telegraphy. Probably a low normal. One was "a fine looking boy," regular features, expression intelligent. Seems normal mentally "but has always given trouble in school . . . and his mother has trouble in disciplining him." Is probably an affective deviate and potential delinquent.

The patient.—Born 1899, New York State. Details of early life little known. Had "tubercular meningitis," age 7 months. "which lasted 1½ years," during which time he had convulsions. Lost sight and hearing; was paralyzed. Regained sight and locomotion slowly and walked at 4 years. Gave some evidence of talk-

ing before he was taken sick but seems to have never spoken to any extent afterwards. Later became uncleanly and destructive. He attended a school for the deaf but only stayed one term as his mental condition was becoming more apparent. Soiled and wet self day and night, ran away constantly and was admitted to the Rome State Custodial Asylum in 1906, age 7 years.

Cause of mental defect.— From father's side heritable groups of recessive unit characters which determine quantitative intelligence defect and affective imbalance. From the mother's side, gross quantitative intelligence defect was less prominent but there were elements suggestive of affective instability. To this inheritance was added the organic sequelae of tubercular meningitis. Etiology embraces both hereditary factors and post-natal acquired disease.

CASE NO. 566 — MALE

Summary of heredity:

Fraternities 3; individuals 18. Negroes. Economic inefficiency, sex offense, deficiency of inhibition, social inadequacy and quantitative intelligence defect.

Fraternity I with consorts, 4 members. The paternal grandparents of patient: the grandfather had his home raided "for conducting a disorderly house" and sent to prison for 3 months. A notorious sex offender. The mother of the patient was living there at the time. The grandfather died in the Oneida County almshouse in 1917. His wife, the paternal grandmother of patient, was a prostitute, "forced into this life by her husband." Died of tuberculosis in 1914. She was forced by her husband to have relations with men when she was sick and unable to leave her bed, only a short time before death. The 2 remaining members of this fraternity, maternal grandparents of patient, are unascertained.

Fraternity II one legal consort, 2 illicit consorts, 11 members. The first 6 constitute the father's fraternity; three others are the mother's fraternity, and the remainder are the 2 illicit consorts. The paternal aunts and uncles of patient are: 1 woman who is a recidivist, "spends most of her time in jail," both city and county jails and two and one half years in Auburn prison. She is a

prostitute, alcoholic, and was "arrested for smuggling dope." Three women who are all sex offenders, one was also an alcoholic criminal and was sent away to the Onondaga County penitentiary. She had 1 illicit consort. One man, who had a white father, is better than his sibs, attained 6th grade at age of 16 years, and is a kuitting mill operative. Then comes the father of the patient, an alcoholic criminal type of sex offender described later. The mother's fraternity discloses: the mother of the patient, sex offender described later, and her two sisters, both sex offenders. One of these had an illicit consort by whom she had 1 illegitimate child.

Fraternity III no consorts. Three members. These are the 1 illegitimate child of the patient's maternal aunt; and the patient and his sister, described later.

Remarks: A fraternity group whose general activities indicate absolute lack of all capacity for social adequacy and race betterment. They are also distinct economic liabilities of the State.

Parents and the one sib of patient.—The case first came to attention when the mother applied to an orphan asylum in Utica to care for her two children. The house of the disreputable grandfather had been raided the year previously and the mother of the patient found there. She was removed by her own father but later made application to the orphan asylum to take her children as "she wanted to go to work." Her husband, the father of the patient, had been in jail for 6 months. The mother moved to a disreputable house occupied by persons who had previously been implicated in running another disorderly house. When the father of our patient came "home" from jail he "immediately began drinking, got into a quarrel and slashed his wife with a razor." The maternal grandfather then took the patient and his sister. This family also had a bad reputation but nothing definitely known beyond the fact that "one of the single girls was pregnant." The mother of our patient became pregnant while her husband was in jail so the patient's sister is probably only a half-sib. Later it was ascertained that the mother was running a disorderly house; she was sent to the Mt. Magdalen Home, Troy, N. Y., and the patient and his sister sent

to the House of the Good Shepherd, Utica. This sister died, age 4 years, of "marasmus," probably "tuberculosis," a dependent in a hospital.

The patient.—Born 1911, New York State, Oneida County. Stigmata, epicanthi present, tongue small, palate high arched and narrow. Right-handed; speech lisping. Hearing, vision, locomotion fair. Understanding fair for simple things. Admitted to House of the Good Shepherd in 1914, aged 3 years, in a destitute condition. Remained 3 years and was admitted to the Rome State Custodial Asylum in 1917. Since admission has grown untidy in habits and appears to be deteriorating. He has been a dependent practically all of his life and at all times has been potential for every attribute of an undesirable citizen. Neither he nor his parents have measured up to the intelligence or economic capacity of their race.

Cause of mental defect.—From both father's and mother's sides, heritable groups of recessive unit characters which determine the degree of quantitative intelligence defect, affective imbalance and lack of sex inhibition.

CASE NO. 567 — FEMALE

Summary of heredity:

Records not adequate for analysis. A mongolian imbecile.

Fraternities of ancestors.—Not ascertained as the known individuals lived outside of the State. One paternal(?) cousin of patient is a mongolian imbecile.

Parents and sibs of patient.—The father was born in Wales, lived in U. S. A. since the age of 9 years. Is an alcoholic. Mother, born in New York State. Mental status unascertained. Patient had 3 siblings, 1 sister and 2 brothers stated to show no mental defect.

Remarks: It is unfortunate that the facts for ancestors are not available as the case is one of mongolianism; but it is more than a coincidence to find that the patient had a cousin of at least similar mental defect characteristics. Mongolianism is usually considered as a congenital rather than a hereditary defect but it is interesting to note in recorded histories by various investigators that one usually finds ancestors showing types of organ

weakness affecting either the neuro-mental or other physical organs. Of the neuro-mental type, one sees cases recorded wherein ancestors show epilepsy, deafness, constitutional types of psychoses, substitutive reactions (alcohol), wanderlust and also indefinite expressions of the same defects such as "too much brain work," "delicate," "mental and bodily overtaxation," et cetera. Organ weakness on the physical side as ordinarily considered, finds similar expression in recorded cases by ancestors noted as "died of tumor," "died in infancy," "miscarriage," "apoplexy," "arteriosclerosis," (cardio-vascular-renal physical complex), "died tuberculosis." The fact that a syphilitic infection through parents may occur should be kept in mind. Dr. G. A. Sutherland,* found 11 syphilitics in 25 patients showing mongolianism. Eight mongolians all gave a negative Wassermann reaction according to Dr. Gordon.†

"Mongolian amentia is the result of two factors, morbid heredity and uterine exhaustion or some specific nutritional defect"‡

It has also been suggested that the similarity of appearance seen in all mongolian types suggests some specific physiological secretion defect by some internal organ, the lack of the internal secretion of which is responsible for the development of the peculiar facies and other anatomical deviations. The pathology of mongolianism is not yet adequate to allow us to deduce any very definite conclusions but the outstanding findings point to inheritance of recessive traits of the general type for organ weakness on the developmental side; and post-natal lack of a hypothetical internal secretion whereby specific anatomical defect anomalies are produced or pre-natal developmental possibilities inhibited.

The patient.—Born 1908, New York State, Oneida County. Mother 27 years of age and in good health when patient was born. (Age of father not recorded.) Age 7 years, was 3 feet 7½ inches tall, weight 45½ pounds. Myopic, articulation not intelligent; has very little understanding of language. Her parents did not seem to think anything much was the matter with the

* "Mongolian Imbecility in Infants," *Practitioner*, Dec. 1899.

† J. L. Gordon, *Lancet*, Sept. 20, 1913.

‡ Tredgold, *Mental Deficiency*, 1914.

child until she reached school age but it seems probable that the mental defect could have been noticed if a competent observer had seen the child earlier. The child had pneumonia when about 6 years old and to this the parents ascribed the patient's mental state. It is probable this intercurrent disorder merely drew their attention to its peculiarities. Committed to Rome State Custodial Asylum in 1916, at the age of 8. Skin rough; tongue large, thick, fissured, protruding; eyes small and set far apart; nose flat; lips thick; fingers short and large; toes "somewhat deformed;" hair abundant but uneven in growth. Had measles after admission to the institution. No sequelae.

Cause of mental defect.—Due to inadequacy of history no definite conclusions are to be drawn. The possibility of inheritance of recessive characters making for organ weakness on the developmental side should be kept in mind. A Wassermann of both blood and fluid should be made in each such case. See under "Remarks."

CASE NO. 568 — FEMALE

Summary of heredity:

Fraternities 3, known individuals 8. History fragmentary.

Fraternity I. 2 known individuals, 1 maternal great aunt and 1 paternal great aunt had "cancer."

Fraternity II. The parents of the patient. (See below.) One maternal aunt had "chorea."

Fraternity III. No consorts. The patient and 2 siblings.

Remarks: History incomplete. No deductions can be made.

Parents and sibs of patient.—Father earned \$1,500 yearly and is above the average parent of institutional cases, so far as economic success is concerned. The mother is little known, but there is no record of markedly abnormal symptom behavior. The 2 sibs are both younger than the patient, record unknown.

The patient.—Born 1909, New York State. Mental defect noticed during the first year. Developed fairly well physically but made no effort to talk. Had a "fall from a couch at 6 months" but the supposed cause of the mental defect was "a fall by the mother before child was born." Had measles and pertussis at 3 years of age. Never learned to walk properly and at

8 years required assistance. No marked deformities or stigmata. Admitted to the Rome State Custodial Asylum in 1917. Does not talk, unable to care for self but seems to show a slight improvement under institution training. Gross mental defect.

Cause of mental defect.— Cannot be stated from the history as recorded.

CASE NO. 569 — MALE

Summary of heredity:

Fraternities 4, individuals 41. Tuberculosis, lowly economic status, quantitative intelligence defect.

Fraternity I with consorts, 4 members. One died "cardiac asthma;" 1 died quite old; 1 was tubercular; 1 died of "bronchitis."

Fraternity II with consorts, 8 members. One died of tuberculosis; 1 died pneumonia; 1 died when quite old; 1 unascertained; 1, the father of patient died of "shock" following a fall; 1, the patient's mother, shows physical stigmata, i. e. large protruding ears, "silly in manner;" 1 died of pneumonia; 1 "had abnormally large ears."

Fraternity III with consorts, 22 members. Seven are the patient's fraternity and their 4 consorts. Seven are the fraternity of siblings who are maternal cousins of the patient, and their 4 consorts. These are little known but there is no case showing marked defect.

Fraternity IV. No consorts, 7 members. These are the young children of the members of Fraternity III.

Remarks: The members of this whole group are not well known; but the outstanding feature is the tendency to physical defect suggesting physical stigmata.

Parents and sibs of patient.— The father "was a good, intelligent man and a kind husband." Fell in his old age, broke his arm and died of "shock." The mother is "a grotesque old lady with very large, flapping ears. Is a little silly in manner." Her house is very poor and dirty. Siblings: 1 sister, "undersized and has spinal trouble." One sister died of diphtheria, age 9 years. One sister normal. Three said to be normal but are little known.

The patient.— Born 1893, New York State, Oneida County.

"At 6 months had meningitis" Walked first at 4 years. Was unable to hold head up and developed hydrocephalus. Arms and legs remained weak but grew more active and vigorous. Irritable when annoyed. Sight and hearing good. Knows colors but cannot always name them. Talked in second year and understands English and German but mispronounces words. Physical defect of hare-lip. Wets bed unless aroused. Admitted to Syracuse State Institution in 1901 where he remained 8 years and was then transferred to Rome State Custodial Asylum. There he has remained unteachable, uncleanly and shows low grade quantitative intelligence defect.

Cause of mental defect.— From father's side little is found of significance. From mother's side heritable groups of recessive unit characters which determine physical defect (physical stigmata) and quantitative intelligence defect. To this constitutional predisposition to an organ weakness on the developmental side was added the organic defect sequelae of a meningitis when an infant, which may have been the predominant etiological factor.

Report and analysis of the findings on twenty-four cases of mental defect, residents of Oneida County, cared for at the Syracuse State Institution for the Feeble-Minded. * * * The institution records and data were made available through the kind co-operation of the Superintendent, Dr. O. H. Cobb.

The analysis of the heredity in these cases brings to light the same etiological factors which were shown to be potent in the 44 cases at the Rome State Custodial Asylum. In order to present such factors from a somewhat different viewpoint, the findings are arranged to show the outstanding features of the paternal and maternal ancestors.

CASE No. 614 — FEMALE

Summary of heredity:

Fraternities 4, individuals 97. This history is incomplete but is of importance in that it embraces several institutional cases. The people in the various communities in which the fraternities

live agree that they are of very poor stock, showing mental defect, sex offense and a low economic status.

Paternal ancestors.—The father of the patient had 1 sister who was a sex offender. (She had 4 children each believed to have had a different father.) He had another sister insane. He had 1 brother a cyclic alcoholic; and another brother who was a dependent in an almshouse (this man had 1 child epileptic and 1 child sex offender). He had 1 sister who died of dropsy (cardio-vascular-renal type of organ weakness). This woman had 1 child epileptic, 1 child mental defect, 1 child alcoholic.

Maternal ancestors.—No record.

Parents and siblings of patient.—Father ignorant, illiterate, "everything that is vile" according to neighbors. He had illicit relations and 1 illegitimate child with one woman. Married another who was the mother of 4 children including the patient. He had illicit relations with a third woman and had 3 illegitimate children by her all of whom were "backward." (She had 3 other male consorts and 2 illegitimate children by them.) The father is alcoholic, beats his consort, has no comprehension of the condition of his feeble-minded daughter, or of her epileptic brother. Mother, little known. Was originally an inmate of Utica Orphan Asylum, was a sex offender and had one illegitimate child. Married the patient's father and had the 4 children given below.

Siblings of patient.—One boy, epileptic, cared for at Craig Colony; he stole small articles, chewed "a pound a week" of tobacco. One girl, slow in learning to talk, lived as a child in an atmosphere of immorality but was later removed to better surroundings and while in 8th grade is "not over-bright in books." One girl is backward in school.

Remarks: Gross quantitative intelligence defect with sex offense on both sides of the family.

The patient.—Born 1901, New York State. "A nervous child," did not talk plainly at 6 years; at which time she entered the House of the Good Shepherd, Utica, because of improper guardianship. Two years later admitted to Syracuse State Institution for Feeble-Minded Children. Head large, thyroid enlarged; taste, sight, hearing good; recognizes color and form; speech

defect; destructive and disobedient (lack of affective inhibition).
Attributed cause: enlarged thyroid.

	Physical age	Mental age
8- 7-1913	11 years	VII.1 years
7-22-1915	13 years	VII.3 years
8- 8-1916	14 years	VIII.1 years

Attention fair, memory poor, manual work poor. Awkward in carriage, palate high arched, bites nails. "No pride or ambition."

Cause of mental defect.—Heritable groups of recessive unit characters from both father and mother which determine quantitative intelligence defect, affective imbalance and organ weakness on the developmental side (thyroid enlargement and physical stigmata).

CASE No. 615 — MALE

CASE No. 616 — MALE

CASE No. 617 — FEMALE

CASE No. 618 — FEMALE

Summary of heredity:

Fraternities 3, individuals 61. The above cases cared for at the Syracuse State Institution are the siblings of case No. 529, female, described under the 44 Rome cases, which see. There recorded under siblings: III-14, is No. 616, male, of the Syracuse series; III-15, is No. 615, male, of the Syracuse series; III-16 is No. 617, female, of the Syracuse series; III-17 is No. 618, female, of the Syracuse series; III-18 is No. 529, female, of the Rome State Custodial Asylum series.

The parents and siblings of patient.—As shown under the case record of No. 529, female, the father and mother of these children showed mental defect. The mating of these two parents, each of whom carried recessive unit characters which determine mental defect, resulted in all their children being mental defectives. The probability of quantitative intelligence capacity and affective deviation being heritable as fairly delimitable unit characters is shown by the variations in resultant intelligence level and affective deviations. These possibilities are demonstrated clinically in the records of the symptom-behavior of the children.

No. 615, male is "amiable" (did not receive many recessive unit character traits for affective deviation). Quantitative intelligence capacity was low and he was unable to keep up with 3rd grade classes. On the whole an amiable middle grade moron, mental age level $X \frac{1}{5}$ at 19 years of age. No. 616, male, is "active but not intelligent." Good tempered, rather untidy, follows the lead of others. He also is "amiable" but shows rather lower quantitative intelligence capacity than his brother No. 615. Mental age level $IX \frac{2}{5}$ at 21 years, then slumped to $VIII \frac{4}{5}$. A low grade moron not showing marked affective deviation.

No. 617, female. Her physical development was best of all the children. Pleasant disposition, rather lazy, arithmetic erratic. Mental age level $VIII \frac{1}{5}$ at 15 years. A rather low grade moron not an effective deviate.

No. 618, female. This case was a girl, somewhat brighter in appearance than the others, but showing some stigmata on the side of physical development. Her mental age level was $IX \frac{1}{5}$ at 14 years of age. A middle grade moron, not an affective deviate. She developed a persistent anaemia and died at the age of 14 years and 2 months.

Cause of mental defect.—From both father and mother heritable groups of recessive unit characters which determine quantitative intelligence defect. The variations in quantitative intelligence capacity and in affective instability point to the inheritance of these traits as separate recessive unit characters, fairly well delimited as such and recognizable is symptom-behavior. This is of practical importance in estimating the economic possibilities on the side of intellectual capacity as distinct from but correlated to temperamental (affective) adaptability.

CASE No. 619 — MALE, SYRACUSE

CASE No. 620 — FEMALE, SYRACUSE

CASE No. 604 — FEMALE, NEWARK

Summary of heredity:

Fraternities 4, individuals 17. If round pegs are to be kept out of square holes in the social fabric, the importance of making the determination of each individual's intellectual capacity and

ability for adequate adjustment according to his temperamental fitness is obvious. The analysis of heritable traits is therefore desirable as by that means, for practical purposes at least, we are enabled to recognize certain fairly circumscribed groups of trends which determine the direction of personality possibilities in progeny.

It enables us to take individuals who as members of a bad family tree seem destined to idle unproductive lives and by ascertaining their exact traits of personality, fit them through special training adapted to their capability and constitutional type of reaction, to that niche in the social world where their limitations will show least and their possibilities most.

This is illustrated in the fraternity group under present discussion. At first glance one would say here is a nidus of social infection utterly lacking in civic value; yet certain members remain fairly well conducted citizens in the midst of antisocial debauchery. Why do a few of the individuals of this group show good social values while others drift inevitably toward mental, physical and economic wreck? Innate, constitutional factors dependent upon having missed receiving a preponderance of recessive unit characters which determine mental, affective and physical defect, seem to play the leading role. Such persons then develop trends of personality which lead them out of the morass.

Individuals such as these need constructive help in order that they may place themselves to the best advantage. Field workers, probation and parole officers having knowledge of such persons should, in the light of the defects shown in relatives and by the analysis of the useful traits shown in these apparently non-defective members of the family, assist them to mount higher on the social, economic and genetic ladder. It is thus that our laboratory findings become of constructive value to the State.

The paternal ancestors of Cases No. 619, male, No. 620, female, and No. 604, female, show the following: The father of these patients was the illegitimate son of his mother. This woman, the paternal grandmother of the patients, was a mental defective who lived near Rome. She had 2 known illicit consorts and also 1 legal husband. She was a promiscuous sex offender and had 7

children, 6 by various fathers, and the seventh by the illicit consort who became the paternal grandfather of the patients.

The mother of our patients was an epileptic, sex offender, with mental defect. She married a man who was an alcoholic criminal. (He had an illicit consort for 14 years.) The mother of our patients had 4 pregnancies by this man: One was insane, a dependent in the Utica State Hospital, who had married a degenerate prostitute; 1 was a mentally defective girl who was probably never married to her consort. She was a dependent delinquent in Industry and a patient in the Newark State Custodial Asylum; 1 was a feeble-minded girl cared for in the Utice Orphan Asylum, and 1 was a miscarriage.

Our patients' mother after having had this brood of 3 social dependents by 1 man, went to live with the man who was the father of the patients. By him she had illicitly 7 pregnancies, 3 of which were the patients and the other 4 are living in various parts of the country. This mother was one of 8 brothers and sisters, 6 of whom were dependents in an orphan asylum and 6 of whom were definitely mentally defective. Their parents, the maternal grandparents of our patients, were an insane woman who later was a dependent in a State hospital and an alcoholic man. Throughout the whole fraternity group one sees symptom-behavior connoting mental defect, sex offense, alcoholism and low moral and economic possibilities.

Parents and siblings of our three patients.—The father was a laborer possessed of enormous strength. He went by at least two names and lived in a rude house built on a raft. He had "deformed hands," showed no moral insight, and was spoken of as "immoral, feeble-minded and degenerate." It is rumored that he was guilty of homicide. He was himself an illegitimate child, and fathered 7 illegitimate children. The mother was born of "low, degenerate parents." Her own mother was insane and her father an alcoholic. She married one man and had 4 pregnancies by him (1 a miscarriage, the other 3 all social dependents, 1 insane, 2 feeble-minded). She had this family in a wagon, living like gypsies. She left this man and was the illicit consort of the father of our patients. This mother is a mental defective who "cannot read or write or figger." She was first married at the

age of 14 years (all her brothers and sisters were sent to orphan asylums but she escaped this course by early marriage). She has little idea of time or place. Her own conduct while not of value to society has not been markedly antisocial except in so far as her marital arrangements are concerned. Her crimes against society consist more in the transmission of undesirable traits rather than in open conflict with organized canons.

The siblings: Our 3 patients had 2 whole brothers and 2 whole sisters, and 2 half-sisters and 1 half-brother. There was probably another half-sister by a third mating. Of the 2 half-sisters, both were feeble-minded, 1 cared for at the Utica Orphan Asylum and 1, a delinquent, cared for originally at Industry and later at the Newark institution. The half-brother was a mental defective who later developed a psychosis and was cared for at the Utica State Hospital where he died. This man had married a notorious sex offender, his sister had illicit relations with a man to whom she claimed marriage. This merely illustrates the moral and economic levels to which persons of these types indicated inevitably drift.

The whole sibs of our 3 patients are: Two brothers who have left this part of the State and no details are now known. Two sisters, now living in another State, both are married, and so far have no known antisocial records.

The three patients.—No. 619, male. Born 1897 in New York State. Tall, "nervous, very passionate and has a bad temper." Memory poor, mental reactions slow, has abnormal fear (suggesting psychotic trends). An inmate of Syracuse State Institution for 8 years, then left and has been working off and on but "will not keep a job." He is a distinct social liability.

No. 620, female. Born 1902, New York State. Her parentage is unclear, due to parental promiscuity. Brought up on the dilapidated canal boat whence she was removed by the S. P. C. C. Was placed out but the woman went away "leaving the child with a neighbor." Admitted Syracuse State Institution when 13 years old, having been a dependent also in the House of the Good Shepherd in Utica for a short time. She is "indolent, gluttonous, cannot do much work, very passionate." At physical age of 14 years mental age level was VIII.3. Physical age 17 years, men-

tal age VIII.3. Could do nothing in school but now works in the laundry.

No. 604, female, is another sister, born 1888, New York State. Was admitted to the House of the Good Shepherd when 16 years old and committed to the Newark Custodial Asylum soon after. As a child on the old house boat she was made to pull the craft and was overworked by her defective parents for which reason she was committed to the House of the Good Shepherd. She is not neat about her work and has to be supervised. At about the age of 25 showed a mental age level of 9 years. Special senses normal. Later learned to read and write a little. Attention good but lacks ability for logical deduction. Can give fair account of how to do manual tasks. She is now a social and economic dependent in the Newark State Custodial Asylum.

Cause of mental defect.—For all three patients. Heritable groups of recessive unit characters from both father and mother which determine quantitative intelligence defect, affective instability and lack of sex inhibition.

CASE NO. 621 — FEMALE

Summary of heredity:

Fraternities 3, individuals 20.

Paternal ancestors.—Not ascertained as they are all said to be living in Ireland.

Maternal ancestors.—Not ascertained as they are also all in Ireland except one sister known to have been a dependent in the Oneida County Almshouse.

Parents and siblings of patient.—The father was born in Ireland years ago. Was a shipping clerk and worked for one firm for nearly 20 years. Died at 63 of Bright's disease. Mental status not known but from the fact that he got along quite well, yet had such defective children, it must be presumed that he represented a DR type in the Mendelian sense; i. e., appeared normal but was capable of *transmitting* undesirable traits. The mother. The same remarks apply to the mother. She does not seem to have been strikingly defective but her sister was an alcoholic dependent in an almshouse for 17 years all of which points to traits making for defect running through the

family. The siblings and our patient are well worthy of study as showing the possibilities in progeny from parents of the DR type as explained above.

There were 6 brothers and sisters including the patient. Two of these were twins. One sister had "a large head and awkward gait." She married and her husband deserted her. (One child by this union is a border-line defective.) She then had an illicit consort by whom she had one child who died. One brother has an unusually large and asymmetrical head, large ears and irregular features. Speech hesitating. He left school at 13 years to begin work and seemed to be getting along when he developed alcoholism and showed mental deterioration and memory loss particularly for numbers. Lost positions and descended in the economic scale and finally became a recidivist and almshouse dependent as follows:

DATE OF ARREST	Charge	Disposition
August 23, 1906.....	Public intoxication.....	10 days, Oneida county jail.
April 8, 1907.....	Public intoxication.....	Discharged.
August 26, 1907.....	Public intoxication.....	5 days, Oneida county jail.
November 16, 1907.....	Vagrancy.....	6 months, Oneida county jail.
November 11, 1908.....	Vagrancy.....	6 months, Oneida county jail.
August 22, 1909.....	Public intoxication.....	Discharged.
October 14, 1909.....	Public intoxication.....	10 days, Oneida county jail.
December 2, 1909.....	Admitted to the Oneida county almshouse.	
November 27, 1910.....	Admitted to the Oneida county almshouse.	
January 31, 1911.....	Vagrancy.....	Discharged.
September 25, 1911.....	Public intoxication.....	15 days, Oneida county jail.
October 17, 1911.....	Public intoxication.....	59 days, Oneida county jail.
May 14, 1912.....	Public intoxication.....	10 days, Oneida county jail.
June 18, 1912.....	Public intoxication.....	10 days, Oneida county jail.
April 3, 1913.....	Public intoxication.....	Sentence suspended.
April 13, 1913.....	Public intoxication.....	Discharged.
September 30, 1913.....	Admitted to the Oneida county home.	
July 8, 1914.....	Admitted to the Oneida county home.	
November 3, 1915.....	Public intoxication.....	30 days, Oneida county jail.

Such a record illustrates the cost of such an individual to county and the loss of economic worth to the State.

One sister, feeble-minded, was "a woman of low intelligence, careless in manner and appearance and a very poor housekeeper." Her home conditions epitomize her intellectual capacity level. "A bed, an old rusty stove and two chairs compose the furniture, all of which is dirty. The clothes on the bed looked to be filthy

and her own clothing which was strewn about the room was also in an unwholesome condition." She was first married to a man of whom little is known except that he was drowned while swimming in the canal after having indulged too freely in "soft drinks" before going in. Her second husband is an alcoholic who cleans out the cuspidors of a saloon for a living. The next are the twin sisters, one is known to the social agencies as "careless and shiftless." She is a mental defective showing also some physical defect in that she has always been "delicate" (organ weakness on the developmental side) and considered "frail." She was originally a charge in the Utica Orphan Asylum. Now her house is the reflection of her mentality. In 1915 she received help from the associated charities of Utica who also secured free dental work for her. She had previously received help from the city department of charities for coal in March, 1915, and in November for groceries; coal again in December, 1915, and on April 8, 1917 the city paid for the burial of a child. She was first admitted to a General Hospital in September 1914, for "anaemia" where she was a dependent for 2 months. In February 1916, she was again admitted while pregnant and remained nearly two and a half months. In 1917 she was receiving medical attention from a dispensary in Utica. Her husband is probably a mental defective, "lazy, shiftless, always out of work." The Welfare nurse thought he had abused his wife during her last pregnancy. This couple has one child, a feeble-minded boy who is showing retardation in school work. Speech defective, and below par in physical status. He is a future dependent.

Thus is seen in this couple and their child not alone the fact of feeble-mindedness but the fact of economic submersion. They *cannot* maintain themselves in an economic level with normal people. They are a drag in the schools, an added load for all to bear in taxes, dangers to the community through inability to grasp the facts of life necessary for social hygiene and in the ultimate analysis they and their like are the rotten spots in the body politic of our republic. Such as these are the ones who make the ideals of democracy so hard to attain. They must be segregated and supervised for generations to come until their stock is exhausted.

The woman's twin sister was also a feeble-minded woman with

"a large head." She was first a dependent in the Utica Orphan Asylum. She was always nervous and excitable and as she grew older was quite unattractive in appearance.

She has "worked out as chambermaid" in hotels and had an illegitimate child born in the almshouse November 1914. She remained there about two months and then resumed her usual work as chambermaid. The child of course at once became a dependent on society and was admitted to St. Joseph's Infant Home in Utica but soon died. Its father was unknown.

Thus each of these twin sisters was not only a charge upon society herself but their progeny as well. Sex offense, low economic values, drab and dirty gray valuations of life generally, with the foundlings home at sunrise and the grave "paid for by the city" at sunset. This is the path of dependency. *The meaning of it is lack of intelligence capacity and adequate dynamic affect.* These twin sisters, both feeble-minded, had another sister also feeble-minded, deaf and dependent. *She is our patient* who first directed our attention to this family.

The patient.—Born 1867 in New York State, Oneida County. It is stated her mother had a fright by fire when she was 8 months pregnant and the birth of the patient occurred soon after. As a child is said to have had scarlet fever but no record of sequelae. When 6 years old it was noticed that she did not seem to be making normal progress. There was some difficulty in later dentition which was presumed to cause speech defect. It was difficult for her to get along in school and at 12 years was sent to Syracuse State Institution. At that time her two younger sisters were in the Utica Orphan Asylum and her mother in a hospital. The patient shows a large asymmetrical head, low projecting forehead and defective vision (corrected by glasses). Ears large, one lobule adherent, deaf. Tongue long and pointed shows enlarged papillae; speech is defective; gait awkward and spastic. Physical age 42, mental age IX.3. (Probably some handicap due to deafness.) In 1915 she was removed to the Oneida County Home where she continues to reside at the expense of the county. *Owing to her early segregation she has had no descendants.*

Cause of mental defect.—Owing to lack of history of maternal and paternal ancestors we cannot actually demonstrate in this case

the factors derived from ancestors. However, from the many cases previously analyzed it cannot be doubted that the fundamental causes for the mental defect and ensuing economic failure in this patient and family are due to recessive unit characters which determine mental (brain) and physical defect, essentially in the sense of inadequate developmental urge so that final functioning ability is always impaired and civic usefulness curtailed. The fright of the pregnant mother, the premature(?) birth of the patient, the post-natal scarlet fever and other similar disorders may have had an added effect in further hindering the faulty function of poorly developed organs but they can be considered only in the light of contributory causal factors and not as ones truly fundamental.

CASE No. 622 — MALE

Summary of heredity:

Fraternities 3, individuals 29. Economic failure, institutional life and mental defect as concomitant facts.

Paternal ancestors.—Are unknown. The father of our patient is the only individual recorded on the paternal side (see below).

Maternal ancestors.—Counting the brothers, sisters, parents and their various consorts with progeny, the maternal side of our patient shows 28 individuals. Of these 28 individuals the following astounding facts are brought to light:

Sixteen or over half of them have been dependents in institutions. Of the 12 individuals not as yet dependents in institutions all have shown symptom-behavior indicating mental defect, or affective deviation or both. One of these, the maternal grandfather of the patient, was an alcoholic family deserter. (His wife, the maternal grandmother of the patient, was a sex offending dependent in the Madison County Almshouse.) Six maternal uncles by marriage were the partners of female sex offenders and as such should be considered as equally antisocial. In fact sex offense was so variegated in numbers and aspect as to render it difficult to trace the actual fathers of progeny. On the maternal side our patient had 9 blood cousins (from 2 sisters and 1 brother of the patient's mother). Seven of these 9 children were dependent; some in almshouses, some in Children's Homes and 1 in an

industrial school. To put it in another way, our patient's mother had an alcoholic father who deserted the family. *Her own* mother was a sex offender, economically destitute and cared for in an almshouse. Our patient's mother had one feeble-minded brother who as a dependent was cared for in an almshouse. Fortunately he had no issue. She had 2 sisters each mentally defective, destitute and cared for in almshouses. One married an insane alcoholic (cared for in Binghamton State Hospital) and their 4 children were each and all dependents, 3 in a children's home, 1 in an almshouse. The other sister was an epileptic, feeble-minded sex offender, destitute and cared for in an almshouse. She "would live with anyone who would take her in." She had at least 4 known illicit consorts by one of whom she had 2 children, both dependents, one in an almshouse, one in a children's home. She keeps herself in filth and her presence in the community has always implied further economic waste through defective dependent progeny.

Parents and siblings of patient.—The father was a stranger to this part of the country and nothing is known of his ancestry. He had illicit relations with the patient's mother which resulted in the birth of the patient. Afterwards he lived with this woman without marriage until he developed tuberculosis and died. He did some bar tending for "a place to sleep" and to get his alcoholic drinks free. He never showed any constructive energy but drifted along as an alcoholic without initiative. The patient's mother is now a tall woman, with bent shoulders, a slight strabismus in her light blue eyes and teeth in poor condition. A fairly characteristic picture of the social and physical defective. How often do we see such a person standing by the side of the road, shielding weak eyes from the sun. The yellow dust of the highway settles both over her and the high weeds in the doorway. Back over yonder to the left of the scrubby wood lot we see the poorly cultivated fields. The barn is a mere lean-to and the few tools rust in the yard. Where the "wood-pile" should be is a pile of faggoty dead-falls. The sun is dry and hot and there is a feeling of dust and a smell of dry dead wood like a closed attic and a vista of endless, hopeless, unproductive efforts which the poor defective child-brain can never see put right and stay put.

Our patient's mother is able to read and write a little but while she shows defect in quantitative intelligence capacity it must also be remembered that her opportunities were meager. It is in the affective deviations and lack of sex inhibition that we find the most glaring "mental defect" particularly in social values. She had an "ungovernable temper." Early in childhood she became an inmate of an almshouse when her alcoholic father deserted his sex offender wife. At 23 years she was again a dependent in the almshouse, pregnant for our patient. Six years later she was again a dependent in an almshouse, cause "destitute." Three years later she was an almshouse "recidivist," cause vagrancy. She had one common-law husband and at least 3 known illicit consorts. She was so defective "she could not comprehend questions in regard to pregnancy or birth" of the child. Siblings, none.

The patient.— Born in 1900 in New York State in the Madison County Almshouse. He seems to have left the institution with his mother (she returned when he was 6 years old). When he was 9 years old she came back to the almshouse a third time and the patient became a dependent in the Utica Orphan Asylum whence he was later committed to the Syracuse State Institution. He was considered "troublesome" and a shirker (affective imbalance, lack of ability for sustained interest or attention, with early fatigue). Physical age 13, mental age IX. Physical age 15, mental age X.2. School record: Up to 3B arithmetic, 4B reading, writing and spelling. Nowadays is rather hot-tempered but seems gaining better inhibitory control by training which has also improved attention. Judgment remains poor and there is much egoism.

Cause of mental defect.— From father and mother groups of recessive unit characters which determine lack of quantitative intelligence capacity, affective imbalance, defective sex inhibition. All of which spelled in terms of community values means lack of economic worth, lack of ability to grasp and handle the problems of life, lack of initiative to carry on even that which is presented to him all ready for completion, lack of grasp on the necessity for restraining the urge of sex and other passions if antisocial conduct is to be avoided.

CASE NO. 623 — FEMALE

Summary of heredity:

Fraternities 2, individuals 8. Mental defect and economic dependence.

Paternal ancestors.—Unknown.

Maternal ancestors.—Unknown.

Parents and siblings of patients.—The mother was a mental defective “with very low standards of living.” She married her first husband who was an “amiable type—awkward gait and speech defect.” He worked quite hard but was of low mentality. Was able to keep the family together until he was taken sick and “he and his wife were forced to go to the almshouse” and the 3 children were taken as dependents to the Utica Orphan Asylum. One of these children became an inmate of the Syracuse State Institution for the Feeble-Minded. When this first husband died the wife married(?) another man and became the mother of our patient. This man’s mental defect was sufficiently obvious to the public as to earn a ridiculous nickname. He was quite old and had had a large family by a former wife. He showed senile deterioration before death. He was a town butt for jokes and lost what money he had in a gambling scheme. He became the father of our patient, No. 623, female. The woman, mother of our patient, left this man after a while and is now reputed to be living with another consort. The man who was the father of our patient illustrates how mental defect precludes economic independence. His almshouse records is as follows:

<i>Admitted</i>	<i>Discharged</i>
11- 7-1897 Oneida County Almshouse.....	5-18-1898
12-10-1901 Oneida County Almshouse.....	5- 2-1902
11-10-1902 Oneida County Almshouse.....	3-23-1903
4-14-1903 Oneida County Almshouse.....	Died 9-20-1903

Siblings of patient.—Had no whole brothers or sisters. She had 3 half-sibs (all in orphan asylums, 1 in Syracuse State Institution) through her mother’s first marriage and 3 or 4 half-sibs through her feeble-minded father’s first marriage (record unascertained).

Remarks: There is nothing new or startling in such a history. Its value would seem to lie in reiterating the axiom that economic success — absence of dependency — depends upon mental capacity and mental capacity postulates a reasonably high level of intelligence and stability of affect.

The patient.— Born 1885, New York State, Oneida County. She was early a dependent in an "Infant's Home" and at 8 years of age was admitted to the Syracuse State Institution. Gait awkward and spastic. At physical age of 28 her mental age was VIII.4 years.

Cause of mental defect.— From both father and mother heritable groups of recessive unit characters which determine quantitative intelligence defect. No marked affective deviate traits were received.

CASE No. 624 — FEMALE

Summary of heredity:

Fraternities 4, individuals 108. Case No. 624, female (Syracuse), is a maternal cousin of Case No. 541, male (Rome); which see under the 44 Rome histories. Case No. 624, female, is a girl, one of the members of the first group described under Fraternity III of Rome Case No. 541, male. Case No. 624, female, was one of 9 nine children there described, 5 of whom showed mental defect, 1 other married a mental defective, 2 died and only 1 other remained who did not show definite defect symptom-behavior.

Paternal ancestors.— Little known beyond the patient's paternal grandfather, who was an alcoholic.

Maternal ancestors.— Mother of patient had a twin sister, mental defective, sex offender and affective deviate. The maternal grandmother of patient was married twice and died of "cancer." This grandmother then, had by one marriage, twins who were both mental defectives and by her second mating had 3 children of whom 1 was a mental defective, 1 was a male sex offender with wanderlust and had a police record, and 1 is little known.

Parents and siblings of patient.— The father "beat his wife and refused a doctor when she was in childbirth." He was an alcoholic and his relations considered him feeble-minded. The mother is a feeble-minded woman, sex offender; recognized as

such in her community. She neglected her children and had promiscuous sex relations. Had 11 pregnancies "but is unable to name the order of her children." In them, organ weakness on the developmental side is strongly suggested as besides those born with mental defect, 1 was born with skull incompletely developed and "its brains protruded;" 1 was born "with no forehead;" 1 was repulsive in appearance, "resembled a hop-toad and another was born blind." This woman was probably syphilitic and showed physical stigmata, chin prominent, ears adherent lobules. She was never able to tell time, always a poor manager and has as a dependent received assistance from the poor law officials. In later years her memory failed and she seemed to deteriorate. After her husband's death she remarried and lived in a disreputable house where she received men. She was in the almshouse in the winter of 1916-17 where she was often in trouble and was known as a "scrapper."

Siblings of patient.— There were 9 living brothers and sisters, including the patient. One sister began her career of prostitution at an early age and had an illegitimate child when 18 and was a dependent in the almshouse, cause pregnancy. Five months later she was committed to the Western House of Refuge at Albion as a delinquent. She was also an inmate of Mt. Magdalen Home in Troy. Later she was paroled. Married one man, left him, then married a second man. While living in her sister's house she was accused of being intimate with her own sister's husband.

She has 2 illegitimate children, 1 of whom was a dependent in the St. Joseph's Infant Home. The other child born in the almshouse, has been lost track of. A brother of our patient is considered feeble-minded by the neighbors. He married a woman who had been an institution inmate as a child. A sister of our patient was "always getting into police court for fighting." She is affectively unstable, thought people talked about her and her (bad) family. Finally after many police collisions was sentenced to jail. She remained at the Anchorage (Elmira) for a considerable time and while still unstable has benefited by the training there. She was in third grade at age 13 years and said it was never easy for her to learn. She has 1 child showing also affective instability, men-

tal deviation and physical anomalies in that he has 2 thumbs on left hand; head large, convulsions in infancy. Her husband earns \$15 a week but is not of high grade intelligence capacity. Another sister of our patient is "the most respectable and intelligent." When a child she burned her hand with boiling grease. Her mentally-defective mother dressed the hand improperly and as a result two of the fingers are now joined together by scar tissue. The girl left her family as soon as possible and later did not keep up friendly relations with them. One brother died; condition unascertained. One sister was "stubborn and had a violent temper from an early age." Age 10 became a dependent in the Syracuse Shelter and at 16 was placed in mill work of a simple type but was unable to proceed. She was sent back to the Shelter and while still at the age of 16 was admitted to the Rome State Custodial Asylum. She showed marked mental deviation besides the quantitative intelligence defect and was admitted to the Utica State Hospital in 1913, suffering from a psychosis, she having developed persecutory ideation. She appeared to deteriorate, became poorly oriented, had defect of memory, emotional indifference and occasional impulsive conduct. Another brother of our patient became a dependent at 7 years when he was removed from his home and admitted to St. Vincent's Industrial School, Utica. He was discharged and soon readmitted on account of antisocial tendencies. "Stealing and carousing" mark his later years and has a police record. Finally after boarding with his sister, left her without paying board and appropriated articles in the house. He appears to be an affective deviate without "moral" sense, some quantitative intelligence defect and marked criminal and alcoholic symptom-behavior. He never made much progress in school and was a truant type. One other brother is dead; mental condition unascertained.

Remarks: Here is a fraternity of brothers and sisters all of whom show a combination of rather specific and easily recognizable defects in the mental field; quantitative intelligence defect (social dependency), affective deviation (antisocial conduct); psychotic reactions (difficulty of mental adjustment), and substitutive reactions (alcohol). Some members had more of such

unit character groups than others; but the presence of *any* of them make for social failure.

The patient.—Born 1898, New York State, Oneida County. No doctor in attendance at birth which seems to have been normal. Strong physically in early infancy. Speech plain but lagging or drawling. No marked affective instability and seemed happy and even-tempered. At age of 18 could do 3B arithmetic and 3A writing. In 1905 at age 13 entered the Syracuse Shelter and was soon committed to the Syracuse State Institution where she has since remained. Does good manual work. When physical age of 14 years her mental age was VIII.1; when physical age of 16 years her mental age was VIII.3; when physical age of 17 years her mental age was VIII.4. She has more recently seemed to deteriorate. Soils the bed, counts to 10, plays with dolls but is destructive and often breaks them. A low grade moron who is going down hill.

Cause of mental defect.—From both father's and mother's side heritable groups of recessive unit characters which determine quantitative intelligence defect (organ weakness on the developmental side).

CASES NO. 625, FEMALE, AND 626, FEMALE

Summary of heredity:

Fraternities 2, individuals 13. What sex offenders imply by their symptom-behavior. The cost of such conduct in citizen loss to the State.

Paternal ancestors.—Show a number of individuals of rather exceptional attainments but the paternal grandmother of the patient was "very imaginative" and seems to have been a borderline psychopath. A paternal grand uncle had an active hallucinatory psychosis associated with alcohol and was a patient in the Utica State Hospital, later recovered. The paternal great great grandfather of the patient was also insane.

Maternal ancestors show that the maternal grandmother of our patient was a morphine habitué as was also her husband, the maternal grandfather of our patient. No record of other members.

Parents and siblings of patient.—The father showed physical abnormalities showing organ weakness on the developmental side, including large projecting ears with a Darwinian tubercle on the right side. He has supported his family but owing to the drug habits of his wife has had much trouble in keeping up his home and finally separated from her on that account. He is a “neurasthenic” type but does not show marked mental defect.

The mother shows slow and hesitating speech, gait slightly awkward. She became illegitimately pregnant when about 17 and was given morphine by her own mother and thus became an habitu  . Her sex consort is little known but their offspring is now an alcoholic sex offender of the “lowest morals.” The patient’s mother then married the man described as the father of the patient and had by him 6 pregnancies which culminated as follows: One a still birth, 1 lived two hours, “injured at birth,” 1 died when 1 week old of “throat trouble,” 1 died age 7 months of “pneumonia.” The two others, girls, are our patients, No. 625, female, and No. 626, female. Thus all the children born of these parents early showed a lack of viability probably due to organ weakness on the developmental side, the 2 survivors showing this same developmental weakness as mental defect. The mother of these children later had a third consort by whom she had 1 illegitimate child which lived only 5 days and died of “infantile convulsions.” This woman had in fact many sex experiences and after her husband was forced to leave her took up her abode with “the most disreputable family in the community” and was finally arrested for keeping a disorderly house. She remained in the Oneida County jail 6 months. While there she overcame her morphine habit to some extent, but as time went on used not only morphine but beer and whiskey to excess. Her mind, originally not particularly bad, seemed to deteriorate under these exogenous poisons and she may be considered as a psychopathic type deteriorating under specific causal factors.

The brothers and sisters of our two patients have been described above and need no further mention.

Remarks: Sex offense may be due to simple quantitative intelligence defect, or to inhibitory deviations in the affective field. When of the latter type, as in the mother of our two patients, the

probability of the case representing essentially a psychopathic deviation must be remembered, particularly when substitutive reactions are also seen in the habitual use of drugs and alcohol, as was the case here.

The patients.— No. 625, female, born in 1897, Oneida County, New York State. Pre-natal factor was maternal morphinism. Birth uneventful, cried a good deal for no known cause. Walked and talked at usual age. No convulsions. Head large, gait awkward and shuffling, drags feet. Sight and hearing normal. Never attended school until she was removed from her improper home and was admitted to the House of the Good Shepherd, Utica. She showed affective deviations in her lack of inhibition, became easily excited, quarrelsome. Some tendency to cyclic swings associated with menstrual period when she “ screams and hollers and forgets herself entirely.” She was committed to the Syracuse State Institution and at 16 years did 5B school work, very good hand work and had fair judgment.

Examinations made show:

Physical age 14 7/12 years. Mental age XI.4.

Physical age 17 7/12 years. Mental age XI.3.

Physical age 18 7/12 years. Mental age XII.

She is a high grade moron showing particularly affective deviations which show in symptom-behavior as cyclic swings allied to a psychosis of a constitutional type.

No. 626, female, sister of the above, born in 1904, Oneida County, New York State. This child was also subjected during the pre-natal period to intoxication of the mother by morphine. Her early life seems rather strikingly free from unusual symptoms; but was only 2 years old when she entered the House of the Good Shepherd and at age of 4 years was removed to the Rome State Custodial Asylum, from which place she was transferred to the Syracuse State Institution. She has made no scholastic progress; is sleepy looking, face narrow and physical stigmata of narrow high palate, irregular teeth, speech slow, gait shuffling. Inclined to be gluttonous, untidy and destructive. Affective deviations are not so prominent as in her sister but she is nevertheless subject to mild episodic outbreaks of temper.

Physical age 8 5/12 years. Mental age VII.3.

Physical age 11 5/12 years. Mental age VII.3.

Physical age 12 5/12 years. Mental age VIII.

She is a high grade imbecile showing marked quantitative intelligence defect and affective deviation only as a secondary factor.

Cause of mental defect.— From father's side heritable groups of recessive unit characters which determine an unstable affective balance (defect of inhibition). From the mother's side heritable groups of recessive unit characters which determine quantitative intelligence defect and affective deviations (sex offense, substitutive reactions—drug habits and alcoholism). To the organ weakness on the developmental side postulated by such heredity is also added the pre-natal factor of constant morphine intoxication by the mother and incidentally post-natal unhygienic surroundings due to the same drugged mother.

CASE No. 627 — FEMALE

Summary of heredity:

Fraternities 4, individuals 108. The patient, No. 627, female, is the sister of No. 541, male, described under the Rome State Custodial Asylum cases. No. 627, female, is described there under "Sibs of patient No. 541, male," first an inmate of the Utica Orphan Asylum and later in the Syracuse State Institution. As her parents and ancestors have been described previously, we need only review the personal findings of the patient.

The patient.— Born 1907 in Oneida County, New York State. Had convulsions in infancy. Admitted Utica Orphan Asylum when 5 years of age and later transferred to the Syracuse State Institution. There showed defect of speech which is slow and hesitating. Tongue has a deep central fissure. Is unable to answer simple questions unless helped. Mental examinations show the following:

Physical age 13 years. Mental age VII.1.

Physical age 15 years. Mental age VII.2.

Physical age 16 years. Mental age VII.2.

She is capable of doing 1B spelling and writing; 1A arithmetic and reading.

Cause of mental defect.— From father's side heritable groups of recessive unit characters which determine quantitative intelligence defect, affective deviation and lack of sex inhibition. From the mother's side, the same. A duplex inheritance in the sense of recessive unit characters which determine deviations and defect in personality on the developmental side.

CASE No. 628, FEMALE

Summary of heredity:

Fraternities 4, individuals 22. Mental defect and illicit consorts with illegitimacy.

Paternal ancestors.— Largely unknown. The father of this patient was a male sex offender, the illicit consort of the patient's mother. The patient was an illegitimate child.

Maternal ancestors.— The ancestors of the patient's mother show little on the distaff side. The maternal grandfather of the patient shows antisocial conduct, had 3 "wives" and was arrested for bigamy. One of these "wives" was a sex offender. The mother of the patient had a sister who was also a sex offender and had 1 illegitimate child.

Parents and siblings of patient.— The father, no record. The mother — her own mother died when she was 3 years of age and she was brought up by her grandparents. When 16 years of age she gave birth to an illegitimate child. She later married and reports are conflicting as to behavior but there was no open antisocial conduct.

Siblings.— There is only 1 child, a brother (or half-brother) to the patient, now about 13 years of age. No record.

The patient.— Born 1902, New York State, out of wedlock. At birth seemed "strong and sturdy" up to a few months of age when she was allowed to fall and was rendered unconscious. After that had at least "two spells when she lost consciousness." After that seemed dull and stupid and physical development was not normal. Age 11½ years entered the House of the Good Shepherd, Utica, "and from that time on her family have considered her as dead." When 7 years old was committed to the Syracuse State Institution where she showed physical signs of cretinism; head

large, stature small, indolent, gluttonous and perverted appetite. Features "thick," ears large with adherent lobules, lips thick, speech hesitating and hair coarse. Mental tests show:

Physical age 10 years. Mental age V.4.

Physical age 11 years. Mental age V.2.

Physical age 13 years. Mental age VI.

Physical age 14 years. Mental age VI.

A low grade imbecile, cretin type.

Cause of mental defect.— There is here evidently an organ weakness on the developmental side which affecting the thyroid gland and its proper functioning has prevented the proper development of the brain as well as other organs necessary for adequate physical growth and development. The history is too incomplete for adequate analysis but it is worthy of note that Bright's disease and "scrofula" appear in the mother and maternal ancestors. The facts on the paternal side are unknown. The possibility of actual post-natal trauma affecting the cortex, meninges and thyroid gland, by the fall of the patient when an infant, cannot be ruled out, as well as injury to the pituitary by a fracture of the base of the skull which might in itself affect stature and glandular metabolism as it is believed that the anterior lobe controls stature growth and particularly the growth of mesoblastic structures such as bone and connective tissue. The relation between the function of the anterior lobe of the pituitary and the thyroid is close as atrophy of the latter is at times associated with what is apparently compensatory hypertrophy of the anterior lobe of the pituitary. If the thyroid was injured only to a small degree (by trauma) but the anterior lobe of the pituitary was considerably injured (by trauma at the base of the skull) it is quite conceivable that what might be spoken of as pseudo-cretinism might result. Such a possibility is to be thought of in this case.

CASE No. 629 — FEMALE

Summary of heredity:

Fraternities 2, individuals 4. A fragment; relatives unknown.

Paternal ancestors.— Lived in Europe. No records.

Maternal ancestors.— No record.

The patient.—Born 1868, Oneida County, New York State. Her mother died when she was a week old and was taken in by a neighbor. After another change of foster parents she finally drifted into the Utica Orphan Asylum at the age of 8 years and in 1878 entered the Syracuse State Institution. Her sight was defective and she gradually became almost blind. Tongue deeply fissured, speech defective; oriented for time and place, memory for recent and remote past fair. Can read and write a little. Old institution records inadequate. In 1915 she was transferred back to the Oneida County Almshouse to make room for a younger patient.

Cause of mental defect.—Unascertained.

CASE No. 630 — FEMALE

Summary of heredity:

Fraternities 3, individuals 59. Ancestors show constitutional deviations of a psychoneurotic character, associated with convulsions, tics and mental defect.

Parental ancestors.—One grandaunt of our patient was insane and died in Utica State Hospital. One paternal cousin of patient is a case of mental defect. The mother of this child was so obese as to be almost helpless. (Suggestive of metabolic disorder perhaps due to hyperfunction of the pineal body: organ function deviation on the developmental side). The others in the paternal fraternities were average citizens.

Maternal ancestors.—Maternal grandmother of patient had cardio-vascular-renal complex and died of paralysis following a "stroke" by which her speech was also affected. This woman had 2 sisters, both epileptics, 1 of whom died at the age of 17, epileptic, the other at the age of 28 following a fall sustained in an epileptic seizure. One of these epileptics never married, the other married a man of whom we have no record but there were 2 children and 1 was an epileptic. This latter was a maternal aunt of our patient. The patient's mother had twin sisters who had "St. Vitus dance," 1 dying at 3 years, the other living on but always in "ill health." She also had 1 brother who died of convulsions, age 1½ years; 1 other brother was "weak physically when young" (he married a woman — no record — and had 1

son develop tuberculosis). There was still another brother who died of convulsions, age 3 months, 1 brother a fair normal and 1 still birth. There were also 3 sisters (all maternal aunts of our patient) 1 of whom had "worm fits" in youth, 1 lived 2 hours and died in convulsions and 1 lived to 14 years, displayed a gluttonous appetite and died of diabetes. The woman who had "worm fits" married a man — no record — and had 4 children (maternal cousins of our patient). One is backward in school, 1 died of poliomyelitis and the other 2 are still young but show no abnormalities as yet. One of the twins, previously mentioned as having "St. Vitus dance," maternal aunts of our patient — married a man — no record — had 2 children, 1 of whom had convulsions in infancy.

Parents and siblings of patient.— The father attended common school and received a business school finish. Is well spoken of and works well and steadily in a job of medium responsibility. The mother is a short, unattractive person, refractive errors corrected by glasses, speech rather thick and drawling. Age 7 years began having "fainting spells" which have occurred irregularly ever since. In school could not stand long enough to say a piece without "fainting." Had many attacks when pregnant for our patient which seem to have been petit mal and others when her limbs became "trembly — would get nervous and have to walk the floor." Labor was precipitate and gave the baby soothing syrup to quiet it when it was 3 months old. This was about the time the baby had her first convulsion. Epilepsy in mother continued and in 1914 became "suddenly unconscious and remained so for 6 weeks." Most of this time appeared as in a stupor, could not talk but claims to have realized what was going on about her. "Her whole body became paralyzed, her eyes turned to the side as did also her mouth. Developed a phlebitis but gradually got up and around again. She says she "grieves for her daughter" (the patient) and takes some interest in her. A personality rather typical of an epileptic but not psychotic. There is history of syphilis in this woman but no Wassermann was made.

Siblings of patient: The patient had 1 sister who had convulsions up to the age of 1½ years when they ceased. Is in third grade at 9 years and appears normal. There is 1 brother who

was very delicate as an infant, cried for 4 months and probably had marasmus. At 4 months he slept for 24 hours without waking and after being awake for a short time slept for 20 hours more. He did not talk till he was 6 years old, then stammered but has made normal progress in school and was in seventh grade at 13 years. Later worked in an acceptable way. There were 2 other pregnancies of mother which resulted in miscarriages.

Remarks: An extraordinary number of individuals on the mother's side showing tics, neuroses and various forms of epilepsy. Syphilis in the mother and congenital syphilis (probably) in the patient.

The patient.—Born 1904, Oneida County, New York State. Had a convulsion between 3 and 4 months of age and another at 6 years of age. Talked at the usual age, walked at 2 years. After the convulsion at 6 years she dragged one foot and would cry for hours. Mixed salt and sugar, built a fire on the floor and also set the bed on fire. Admitted to the Syracuse State Institution age 7 years and at that time had a gait suggestive of a partial hemiplegia, some "impediment in speech" and there was "a suspicion of congenital syphilis." Hearing was badly impaired and "sight was defective in one eye." When not yet 12 years old she began to fancy a boy was in her room calling her names, conversed with him and used bad language. Developed exhibitionism and was finally admitted to the Utica State Hospital. There she continued to show hallucinations of sight and hearing and showed delusions. By this time had an unsteady gait, knee-jerks increased, ankle clonus and a positive Wassermann. Has had several convulsions recently "sometimes just a hand or head convulsing." Diagnosis, mental deficiency, epilepsy, with excitement. Ankle clonus with increased knee-jerks is rather out of the picture of general paresis (juvenile) but the possibility should be recalled.

Cause of mental defect.—From the father's side heritable groups of recessive unit characters which determine constitutional deviation in personality potential for a psychosis. From the mother's side heritable groups of unit characters which determine deviations in personal make-up potential for the convulsive diathesis as well as traits potential for organ weakness on the developmental side (speech defect and mental defect). To this has been

added the exogenous factor of syphilis capable of producing organic changes in the physical status. The result is: organic syphilitic symptoms have appeared in an individual whose make-up is potential for idiopathic epilepsy and who shows mental defect. What appears to be deterioration has set in since the date of the isolated convulsion at the age of 6 years. The clinical possibilities of general paresis should not be overlooked.

CASE No. 631 — FEMALE

Summary of heredity:

Fraternities 5, individuals 54. Illegitimacy and sex offense as due largely to deviations in the affective component of mental defect; all in conjunction with the possibility of attractive personalities.

Paternal ancestors.—Owing to the lack of all proper restraint over her sex activities, the mother of our patient has so shrouded the actual paternity of this case that we are not sure as to just who was the father. It appears that he was probably a certain man with whom the patient's mother had relations before she became the common-law consort of a second man. No other record.

Maternal ancestors.—The patient's mother had 4 sisters. Two of these had each 2 husbands; 1 had 1 and 1 died young. Little is known of them except that "the family has a questionable reputation and the women change husbands quite frequently." The early ancestors are unknown.

Parents and siblings of patient.—The father was a sex offender, otherwise not known. The mother's early years are little known. She had an illegitimate child (who was the patient) and then lived as the common-law consort of a man by whom she had 4 pregnancies but it is not certain whether this man was the father of our patient or not. Her own sister was unable to tell the name of the patient's father. She is described as "a very immoral woman."

The siblings: The supposed brothers and sisters of our patient are probably half-sibs. One, an attractive girl, seemed to keep up in school but was immoral in trends. "Was placed in at least three homes by the Charities Department of Rome but had to be taken

from each one because of her conduct. While in the last free home she instructed the young boy of the house in sex matters and climbed out the windows to get out at night" (a striking case of mental defect largely in the field of affective deviation and deficiency of sex inhibition). One brother was doing 6B school work at 13 years and showed no special intelligence defect but his symptom-behavior necessitated his commitment to St. Vincent's Industrial School, Utica, for juvenile delinquency (a striking illustration that mental deviation particularly of the affective field means practically always sex offense in the girls and crimes against property, associated with incidental sex aggression, in the case of the boys).

One sister at 9 years of age was doing first grade school work but was considered normal by her teacher. One sister, now 7 years of age, has not started in school. She is of a Mongolian type, dark, rough skin, low forehead, narrow slanting eyes. She has always been considered normal by her father; but his opinion is not of much value due to lack of insight into the meaning of his own life conduct.

Remarks: The individuals in this group would not be thought of as "feeble-minded" by the public. As a matter of fact they are not grossly feeble-minded in the sense of intelligence capacity; but it is in the sense of deviation in the affective sphere of mental life that their "feeble-mindedness" appears. It is from just such affective deviates that the vast majority of all delinquents are recruited. All of the children just mentioned were born out of wedlock. The mother and father were sex offenders who had no grasp on the meaning of what constitutes good citizenship and real morality, yet they had sufficient quantitative intelligence to make a very comfortable living which incidentally was closely allied to the antisocial types of employment. Such conduct means deviations in the affective component of mental capacity. Affective stability, affective balance, or stability of inhibition of affective reactions is as much a *sine qua non* as high intelligence capacity in ideation: these are the two components for adequate mental life.

The family just presented are striking examples of conduct in affective deviates. Their economic independence is more appar-

ent than real. Such as they are the feeders of those persons who never can have the ideals of citizenship which the State hopes for. Their progeny are potential or actual economic losses to society through mental and physical deviation, delinquency and anti-social conduct generally.

The patient.— Born 1902 in Oneida County, New York State. An illegitimate child. Her early life is little known but she grew up into a rather attractive girl with snappy brown eyes, regular teeth, ears well formed, rather large thick lips and dark hair. No marked physical stigmata. Attention fair, memory good, judgment always poor. She was troublesome in conduct and was finally admitted to the Syracuse State Institution when ten and a half years old. There she has been very active, skipping around, playing with objects and often talks to herself. Has had episodes of unexplained tears and will suddenly leave the room so as to be alone. This tendency to withdrawal and seclusiveness is suggestive of constitutional deviations in personality potential for the development of dementia praecox and it would not be out of the picture if this patient later shows deterioration and slump in personality. The mental tests show the following:

Physical age 10 6/12 years. Mental age VII.4.

Physical age 13 years. Mental age VIII.

Physical age 14 years. Mental age VIII.3

She reads only a very little, counts to 90, cannot be trusted to do errands and occasionally wets and soils herself.

Cause of mental defect.— The probabilities are that her unknown sex-offending father was capable of transmitting to this daughter heritable recessive traits which determined the degree of quantitative intelligence defect while from the mother she received heritable units of a recessive type which determined the lack of affective stability (episodic weeping) as well as some traits potential for quantitative intelligence defect.

CASE NO. 632 — FEMALE

Summary of heredity:

Fraternities 3, individuals 22. The story of 14 children whose parents lived in one of the most poverty-stricken homes in Utica.

Paternal ancestors.— No record.

Maternal ancestors.— No record.

Parents and siblings of patient.— Father and mother born in New York State. They are both dead but from the description of the neighbors it is quite probable that neither were capable of managing a household on the income available and it is equally probable that the deficiency in income reflected mental incapacity. The father appears to have been of lower intelligence than the mother. There were 14 pregnancies; one ended as a miscarriage and 2 children, twins, died in early infancy. One boy died when a year old of "membranous croup"; one boy died when about a year old of "marasmus;" one girl died in early infancy. This left 8 children who grew up. Their history is as follows:

One boy, now 27 years old, is of less than average intelligence. He married a woman who had an illegitimate child. One girl, now 24 years old, is very obese. At the time of 12 years she was arrested for sex conduct and sent to an institution, having been assaulted while in company with a man who was afterwards sentenced to prison. She later married and now seems to manage her affairs with more judgment. Has had "fainting spells" in later life which may be due to a cardiac affection. One boy, now 20 years of age, has always been a bold and daring type. Was finally arrested for theft, sentence suspended and placed on probation, broke his parole and left the neighborhood. Made very little progress in school. (Affective deviate type of mental defect.) One girl, now about 20 years old, seemed originally more stable than her brothers and sisters but showed lack of sex inhibition, stayed away with a man who later married her but he, it is stated, forced her into prostitution. She eventually left him to seek her own livelihood.

Another girl, now about 11 years of age, is stated to be normal. She was a dependent in the Utica Orphan Asylum and has been placed out in a free home. Another girl, now about 8 years old, is a three times school grade repeater in grade 1B and the teacher stated that while she may reach 1A that she never will be able to pass 1A in one term. She shows affective deviations, is sly, tricky, cannot be trusted and does not take directions readily, and is not inclined to obey (a potential delinquent). The youngest

child, a girl now 6 years of age, has so far shown no abnormal symptoms but it is rather too soon to make any definite prognosis as to mental development.

Remarks: The parents were individuals mentally incapable of rising above a low economic level. By the mating of such individuals the heritable traits for mental incapacity and inadequate conduct are transmitted to progeny who by their large number (as is so often the case in such matings) increase the social liabilities of the State.

The patient.— Born 1901, Oneida County, New York State. Birth and early life uneventful. No convulsions. Raped at the age of 5 years and brutally lacerated. Following this “had several convulsions” but these did not continue. At 13 years entered the Utica Orphan Asylum. She was stubborn, had a violent temper (affective deviate) easily aroused to anger. Repeated grades 3B and 3A and then entered a special class. She was looked upon as an “incorrigible child.” Her general appearance was good but had a rather sleepy expression and disposition was very changeable. At times she was happy and again very rebellious over her situations. She was finally admitted to the Syracuse State Institution when 14 years old. Mental tests show:

Physical age 14 years. Mental age X.3.

Physical age 15 $\frac{3}{12}$ years. Mental age X.3.

Physical age 16 $\frac{2}{12}$ years. Mental age X.3.

She has evidently reached her limit and will remain a middle grade moron. She continued to play with other children, talks well, knows elementary school work and does housework under supervision but still shows affective imbalance and gets upset at times on that account.

Cause of mental defect.— Owing to lack of history no analysis is possible as to heredity. The group is instructive on account of the number of sex offenses appearing in conduct and co-existing affective deviation shown, with only a moderate amount of quantitative intelligence capacity defect; i. e. morons showing affective deviation.

CASE No. 633 — MALE

Summary of heredity:

Fraternities 3. Individuals 7. History incomplete.

Paternal ancestors.— One brother of patient's father insane. No other record.

Maternal ancestors.— No record.

Parents and siblings of patient.— Father born in Wales, came to New York State when 26 years old, was fairly successful as a farmer and showed nothing unusual in symptom-behavior until 46 when he ran down in physical health, showed an initial depression then developed a hypochondriacal and fault-finding mood with an uneasy, restless agitation. Was admitted to the Utica State Hospital in 1908 as insane. Ideation, suspicious and apprehensive. Oriented for place, not for time, general information poor (perhaps due to original mental defect of quantitative intelligence). Insight lacking. After five years eloped and returned. Diagnosis.— Dementia praecox, paranoid type. A psychosis dependent upon constitutional deviations in personality make-up. The mother of our patient was a rather shrewd business-like person who, it was rumored, did not always question too closely "meum et tuum" in her dealings with others (suggestive of an affective deviate). She was a hard worker and tried to give her children the advantages of an education, but they were not capable of doing more than elementary grade work.

The siblings. Our patient had one brother and one sister. The brother now about 27 years old, is a little below the average in intelligence, but supports himself as a laborer in a factory. The sister, near the same age, is obviously below the average intelligence and has been so designated by physicians and her employer. Expression blank, speech slow and hesitating. She is married and now has a young child.

The patient.— Born 1900 in Oneida County, New York. Seemed healthy, walked at 2 years. Began to talk at 2 years; speech slow and hesitating. Physical stigmata, projecting ears, low broad forehead, expression blank. Active and vigorous. Showed affective imbalance in having "mad fits," and in having a "passionate temper." Later learned the alphabet, read from memory, counted to 25. Played, quarreled and fought with com-

panions. Children's diseases without sequelae. Admitted to Syracuse State Institution about the age of 8 years. Mental tests show:

Physical age 13 years. Mental age VII.

Physical age 15 years. Mental age VI.4.

Physical age 16 years. Mental age VII.4.

Tests show considerable difficulty in attention. He is making no real advance. Marked quantitative intelligence capacity defect and also well marked traits of affective deviation.

Cause of mental defect.—The history is too incomplete for analysis but the heritable groups of recessive unit characters received from the psychopathic father would go far to explain the affective type of mental defect. Quantitative intelligence defect traits were probably received in the same way. The findings on the maternal side are too inconclusive for further remark.

CASE NO. 634 — FEMALE

Summary of heredity:

Fraternities 5, individuals 91. Dependency, mental defect, sex offense and crime. The study of a patient's family "notorious for immorality and crime."

Paternal ancestors.—No record. The patient's father is one of the many illicit consorts of the patient's mother and even his identity is vague. Evidently he was an antisocial sex-offending type, who consorted with persons of a low intelligence level. Even as water always tends to seek its level, so does a feeble-minded person seek a level of society analogous to his own intelligence capacity. Under these circumstances he finds himself best understood.

Maternal ancestors.—The ancestors and collateral relatives of the patient's mother constitute the 91 individuals listed in this study. Fraternity I consists of 3 couples. All lived years ago. One was a known tubercular (organ weakness on the side of lack of resistance to bacterial invasion). This trait comes out in a total of 5 known cases showing marked tuberculosis in the whole group. The second generation — Fraternity II — which holds the patient's maternal great grandparents consists of 8 persons including consorts. Of these 1 was cancerous and tubercular, 1

tubercular, 1 alcoholic, 1 feeble-minded, 3 little known. One was the patient's great grandmother: "always spry, very profane — conversation punctuated with oaths. Loquacious, no education, very ignorant, home dirty, lives with second husband, a canal laborer." Her first husband was cancerous and tubercular. Her second husband is a subnormal if not an actual mental defective. This woman by her first husband had 8 children. These 8 children with their consorts constitute the 3rd generation or Fraternity III. This group has 24 known members. Of these: 1 had a transitory depression with a suicidal attempt on the death of his father (symptom-behavior indicating a serious constitutional lack of adaptability in making mental readjustments). His consort is little known. Another couple was a sex-offending, alcoholic male criminal whose legal wife died by suicide. He then consorted with his own cousin, a female sex offender by whom he had two illegitimate children. Another couple: an alcoholic male lacking initiative and an uneducated woman, dirty and untidy in appearance, a probable sub-normal to say the least. Their home is unkempt, disorderly and dirty, the plaster off the walls and the yard filled with rubbish. Once they were paid to move away from a neighborhood as they kept such an untidy place. Another couple is little known. Another couple is little known except for the fact that their only daughter became the illicit consort of a criminal alcoholic, sex-offending married man. The next "couple" finds a criminal alcoholic woman, who first had illicit relations with one man (issue an illegitimate child); mated to a second man-alcoholic (no issue); mated to a third man (no issue); mated to a fourth man, a criminal alcoholic. By this union 10 children were born. Our patient's sex offending mother was one of them. They are described later. The other members of this generation are little known. One died rather young of "tape worm"; one died of tuberculosis. The others are unascertained. The next generation or Fraternity IV, is the generation of our patient's mother. There are 38 individuals with consorts and may be roughly divided as follows:

One family of 1 brother and 3 sisters and the two consorts of the girls. The brother was tubercular and died. One family. two boys, the illegitimate children of sex offending parents. One

family a boy and a girl, still young, kept in a dirty home, and allowed beer when 3 and 5 years of age. One family with two children, condition unknown. One family of one "only" girl who was a sex offender. One family of 8 boys and 2 girls. One of these girls died of "infantile spasms" (status epilepticus) at 2 years of age. Every other person in this family group was anti-social, a detriment to the community, an expense to taxpayers and a liability of the State. First there was the male alcoholic, criminal sex offender who had relations with the girl just previously mentioned. He has been arrested 3 times, is a great liar and blusterer. He also married a female sex offender who had two other sex-offending illicit consorts by one of whom she had an illegitimate child. Next comes a brother of the first man; he is a criminal type, married a negress; his wife left him. His police record shows 3 arrests. He died of tuberculosis. Another brother appears also of antisocial tendencies, was arrested as a boy for a minor delinquency, later arrested for arson but discharged. He married an epileptic woman. No issue (due to an old salpingitis which was operated on). Home is dirty and miserable in appearance. Another brother shows hare-lip (organ weakness on the developmental side). Arrested as a delinquent child and sent to the State Training School at Industry. An attempt was made by a surgeon to repair the hare-lip but his feeble-minded mother tore it open saying she "wanted him to be as God has made him." He was arrested in later life for violating the city ordinance on gambling. He lives with a woman, sex offender, who is the wife of a man in a hospital for the insane. This home, a collection of rags and broken scraps of furniture, is "filthy and untidy." This couple had 4 children, one dead, one mental defective, one border-line defective who masturbates openly; one infant. They all live on a street "which has been the scene of many police raids and is inhabited by people whose standards are of the lowest." Another brother is "the worst of the lot." Is a feeble-minded criminal, alcoholic, sex-offender. "He is crazy over the girls." He lives over a stable. Police record shows 12 arrests. Crimes usually against *persons*, i. e. disorderly conduct, sodomy, rape (for which he was sentenced to a State prison for 2 years). He is a fine illustration of the tend-

ency to dependency, antisocial conduct and general worthlessness of mental defective types in the community, especially when showing symptoms, as here, of affective deviation and deficiency of inhibition. This man has been a social "dependent," i. e. supported by State funds in State prisons and even as a youth in the State Industrial School at Industry, N. Y. Another brother is seclusive in make-up, handicapped by a marked scoliosis. He has a common-law consort. His police record shows 2 arrests for petit larceny, one arrest for petit larceny and burglary in the third degree, and one arrest for misdemeanor. Another brother is rather attractive physically. He is probably a case of mental defect, with affective deviations and has often been in trouble. This man is a marked recidivist and has been arrested 13 times. In youth we find an arrest for truancy for which he was sent to the St. Vincent's Industrial School at Utica, although he began his antisocial conduct at the age of 12, a year previously, when he was arrested for petit larceny. Almost invariably his crimes have been against property, with occasionally intoxication as a variant.

Another brother began his antisocial career at the tender age of 7 when he was sentenced for 6 months to the House of the Good Shepherd, Utica, for petit larceny. At 10 he was arrested for vagrancy and again arrested 6 months later for the same cause for which he was sent to St. Vincent's Industrial School in Utica. At the age of 12 he was arrested four times, once for assault, once for petit larceny (broke into a store), once for violation of section 291 of the Penal Code, and again for petit larceny and was sent to Industry. Following this came arrests for violation of section 420, petit larceny, third degree assault, petit larceny, burglary, third degree, violating parole and carrying concealed weapons. As a boy he attempted rape upon the feeble-minded daughter of his feeble-minded sister. When last heard of he was an inmate at the Reformatory at Elmira, N. Y. The last member of this notorious group is the sister of the foregoing individuals. She is the mother of our patient.

Parents of the patient.— The father is unknown. It is rumored that the patient's father may have been the brother of the patient's mother. Another report is that the father was a traveling show-

man; also that it might have been the patient's mother's own father and again that it might have been a certain town drunkard. This illustrates the promiscuity in sex habits by mental defectives, particularly those showing affective deviations (always potential for antisocial conduct) and deficiency in inhibition (potential for unrestrained gratification of primitive cravings; all of which lead to sex offense, crimes against persons and crimes against property). Our patient's mother began her career as a social dependent by becoming an inmate of the New York State Reformatory for Women at Albion where she was committed on a charge of vagrancy. She did well while there, later married a feeble-minded man who has committed minor crimes against property, is an affective deviate and once attempted suicide while in a tantrum arising from jealous rage. (All of which illustrates constitutional deviations which determine inadequate ability to properly react to the difficulties of life.) These facts illustrate the practical importance to the State of making a comprehensive survey of groups of individuals whose economic level is low and whose mental capacity is under suspicion; in removing to institutional life the breeders of economic loss and civic decay and in preventing for all time the pollution of the body politic by such inadequate strains of blood.

There are no siblings of our patient.

The patient.— Born 1902, Oneida County, New York State. Nothing much is known of her infancy. She was reared in the hovel-type of home in which her feeble-minded mother lived. She developed into a rather attractive personality and was spoken of as a pretty girl. Is a masturbator. She was living with her alcoholic grandmother at the age of four years and was left alone in the house, and while thus unprotected set herself on fire and scarred herself for life. She was then removed by the Humane Society and became a dependent in the House of the Good Shepherd in Utica where she remained for nearly a year and a half and was then admitted to the Syracuse State Institution. There she has remained for the past 9 years and will require indefinite custodial care. Has been attempting 2A school work but at 16 years of age can advance no further. Reads fairly well but hesitates and shows attention disorder. Affective deviations are

marked; is troublesome, variable in conduct, "erratic, wilful and stubborn." Has a violent temper, "loves to tantalize," shows sex loss of inhibition and would be unsafe in any community. The possibilities for antisocial symptom-behavior in her case seem quite unlimited, especially in view of her family background of mental and social deviates and concomitant degenerate environment.

Cause of mental defect.—Heritable groups of recessive unit characters from both her father and mother, which determine quantitative intelligence defect, affective deviation, loss of inhibition over primitive cravings, which makes for sex offense and crimes against person and property.

CASE No. 635 — MALE

Summary of heredity:

Fraternities 5, individuals 64. Sex offenders, as shown time and time again, represent mental deviates. For the sake of brevity only the immediate ascendants are here considered.

Paternal ancestors.—No record. The father of our patient is a sex offender, consort of a sex-offending woman.

Maternal ancestors.—The maternal grandmother of our patient was noted as "peculiar," had a "bad temper" (affective deviation). Her own father (maternal great grandfather of our patient) was a similar type, easily excited and very peculiar. In fact all his family are spoken of as "all eccentric." This great grandfather and his consort had 6 children of whom 2 died young, 2 are unascertained, one was a mental defective "crazy by spells"; another was quite "peculiar" and the sixth was the peculiar bad-tempered woman noted previously as the patient's maternal grandmother. This tendency to show symptom-behavior of an eccentric peculiar type runs through the descendants of the above siblings and shows a recurring constitutional deviation largely of the affective and psychotic type of reaction although quantitative intelligence defect was present and noted in certain individuals. The maternal grandmother who was "peculiar," mated a man little known. Their one child became the mother of our patient.

Parents and siblings of patient.—The mother of our patient married a man by whom she had one pregnancy which terminated

in a miscarriage. This man died. Seven years later she had the illegitimate pregnancy for the patient. This woman is awkward in gait, deaf and has always wandered from place to place seeking work and is thought to have had many promiscuous illicit sex experiences. She is quite illiterate but says she attended school until she was 19 years of age. She is evidently little above the grade of imbecile. The father of our patient, the illicit consort of the woman above, "was not a permanent resident" of _____. He was spoken of by neighbors as "not very bright but was not foolish." He was alcoholic, never seems to have been much of an economic success and eventually drifted out of sight. The patient had no brothers or sisters.

The patient.— Born 1903, New York State. Birth normal, no instruments. No convulsions. Walked and began to talk at 15 months. He early was difficult to manage. His surroundings were poor and finally the Humane Society had him removed from this undesirable home and admitted to the House of the Good Shepherd, Utica, when he was eight years old. There it was seen he was mentally unfit to benefit by the training there and he was committed to the Syracuse State Institution. Physically small for his age, large head, projecting ears with adherent lobules, irregular teeth. Keeps hands in motion constantly. Sight is defective; knows black and white but confuses colors. Can do errands when not complicated or distant. Has difficulty with pronouns, shows some echolalia, talk is infantile. Knows only a few letters of the alphabet and cannot count beyond 9. Eats with fingers, untidy in dress and habits. "Passionate temper" (affective deviation). Amuses himself by talking to the bears and dogs which his visual imagery projects into his surroundings.

Physical age 10 $\frac{2}{12}$ years. Mental age VI.1

Physical age 12 $\frac{5}{12}$ years. Mental age V.

Physical age 13 $\frac{4}{12}$ years. Mental age V.2.

Attention poor, judgment none, sensitive, talks well. Prognosis poor, deterioration probable.

Cause of mental defect.— Owing to the unknown father we cannot make an analysis on the basis of positive ancestor findings. There can be little doubt in the light of previous findings that

mental defect, particularly when found in the illegitimate child of sex-offending parents means that the child has received recessive unit characters from each parent, which determine quantitative intelligence defect, and (as in this patient) affective deviation particularly in the direction of lack of inhibition over sex cravings.

CASES No. 636 — FEMALE; No. 637 — FEMALE

Summary of heredity:

Fraternities 5, individuals 55. A mating whereby quantitative intelligence defect mingled with intelligence defect and psychotic deviation.

Paternal ancestors.— On the whole they all make a favorable impression. Most of them lived in small towns in farming communities, were in moderate circumstances and had no antisocial record. Facts were withheld and our information is not complete.

Maternal ancestors.— Our patients' maternal great grandfather was probably insane and died of "softening of the brain." Of his 2 children, 1 was insane and had delusions showing an abnormal religious trend. The other child lived to the age of 82. His wife died of "cancer and old age." This couple were the parents of our patients' mother. They had 5 children, 4 of whom have kept comfortable homes in a farming community. It seemed to happen that the weakest member of the father's side and of the mother's side met and mated with disastrous results for their descendants.

Parents and siblings of patient.— The father was a tall, awkward man with expressionless eyes, large cauliflower-shaped ears with thin lobules, hesitating speech and somewhat deaf. He could read and write but never owned a farm of his own and had difficulty in keeping work. After marrying he moved from place to place and had to be supported by the town in several places. No affective deviations, was of good habits but simply incapable of supporting a family. In later years after his wife was in the State Hospital and his children in institutions he subsisted as handy-man around the homes of his relatives. He is a low grade moron type. The mother was born when her own mother was nearly 50 and her father 62 years old. When only 6 years of age

her family noticed she was not making normal progress mentally or physically. She made little or no progress in school. When 18 years old, against the wishes of her parents, she married the feeble-minded father of our patients. She was quite unable to plan and manage a household, which together with the husband's inability to earn a living soon forced the family upon the poor law officers of the various towns in which they lived and it was only with the help of the mother's family and what they received from the town that they were able to keep the family together. At the age of 36 she showed symptoms of a psychosis. She had bought music boxes and other useless articles, became garrulous, talked of the devil and developed delusions of persecution and poison against her husband and as a reaction to these ideas made an attempt to jump in the canal. Neglected her personal appearance and her home had become vermin-infested. On admission to the Utica State Hospital she showed no organic physical symptoms. Mentally was confused, disoriented for time, memory defective for both recent and remote events. Visual hallucinations present. Deteriorated rapidly. Her mental defect was recognized but there had developed in addition a distinct deteriorating psychosis essentially on a basis of constitutional psychopathic inferiority.

The siblings: Our 2 patients had 3 sisters and 1 brother. The brother lived only a week; the 2 sisters also died in infancy. The remaining sister is physically attractive and mentally normal as a young adult.

Remarks: The presence here of a normal child in a family having children who are mentally abnormal recalls the Mendelian expectations of mating when each parent is a DR in the Mendelian sense, i. e., each carrying certain traits of a dominant D type, and also carrying certain traits of a recessive R type. Parents of such a DR type may in themselves appear as better "normals" when there is in them an excess of dominant types making for normality of mental and physical development. Conversely such DR parents would make a poor showing as "normals" when there happened to be, as was probably the case in the mating under discussion, a lack of dominant traits which made the recessive traits relatively more prominent. The family shows

in children, 50 per cent infant deaths, 33 1/3 per cent mental defectives and 16 2/3 per cent normal.

The patients.—No. 636, female, and No. 637, female, are sisters. The first was born in Oneida County, the second in Herkimer County, New York State; No. 636, female, in 1891 and No. 637, female, in 1889. No. 636, female, has a vague history of “brain fever” at the age of 2 years associated with “convulsions” which did not persist. At the age of 10 years was admitted to the Syracuse State Institution, discharged in 8 months, readmitted 4 years later. She is active, but does not articulate distinctly and can do an errand only if she has a written note. Can now read a little, counts to 5, washes dishes and plays with dolls. At times gets upset and shows some rather mild deviations in the affective field.

Physical age 23 years. Mental age VII.2.

Physical age 26 years. Mental age VII.3.

No. 637, female. She was not considered feeble-minded by her parents, which incidentally illustrates the difficulty the public experiences in grasping the real meaning of mental defect. She showed some of the physical stigmata one has learned to expect in the majority of cases, and which is summarized as a whole in a general physical unattractiveness, a loss of clean cut physical design so to speak, and a lack of clean cut physical agility and grace of movement. So much is this so that when one meets an unusually attractive physical development in a mental defective one should look at the case in the light of something out of the ordinary. Our patient here had very irregular teeth, flat nose with projecting nostrils, high palate but very good hair.

Unit traits for hair growth, length, degree of flatness, color, et cetera, are transmitted as distinct heritable unit characters and the hair of this patient illustrates that organ normality or organ weakness on the developmental side depends upon the combination and transmission from ancestors of quite definite, separable, unit characters all of which in their entirety determine the particular structure, developmental progress and ultimate functioning ability of the personality and thus determines symptom-behavior and ultimately the social conduct valuation of the individual. This we have tried to demonstrate in the analysis of our cases.

In the case of No. 637, female, mental examination showed:

Physical age 14 years. Mental age IX years.

Physical age 17 years. Mental age IX.3 years.

Physical age 18 years. Mental age IX.3 years.

She has reached the limit of her mental development. She is a child in mind but of adult growth of body. She is rather good-natured, plays with toys and does not show as much affective deviation as her sister.

Cause of mental defect.—From both father and mother, heritable groups of recessive unit characters which determine quantitative intelligence defect, also some recessive unit characters which determine affective deviation and lack of inhibition.

REPORT ON FOURTEEN CASES OF MENTAL DEFECT, RESIDENTS
OF ONEIDA COUNTY, CARED FOR AT THE NEW YORK STATE
CUSTODIAL ASYLUM FOR FEEBLE-MINDED WOMEN, NEWARK,
N. Y.*

Case and Field Work by Investigator Evelyn H. Ellis

Summaries and analyses made by C. L. Carlisle, M. D.,
Director.

The original records of these cases are filed in the office of the Bureau of Analysis and Investigation, State Board of Charities, Albany, N. Y.

The patients segregated in this institution present no unusual findings in a psycho-pathological sense. The analysis of the heritable unit characters which are discernible in the make-up of each personality discloses essentially the same traits shown previously in the Rome and Syracuse cases. It seems fairly clear that we may logically separate such unit character traits as make for quantitative intelligence defect and affective deviation. Quantitative intelligence defect referring to the level of capacity for association ideation, and "affect" referring to the dynamic driving power which, whether in great or small degree accompanies each ideational group. This is the will-to-do, so to speak, which transforms mere thinking ability into constructive power to accomplish acts. When there exists, deviations in this the affective component of all intellectual life, we see it exemplified in symptom-behavior which connotes lack of inhibitory control or in

* The institution records and data were made available through the kind cooperation of the Superintendent, Dr. Ethan A. Nevin.

other words loss of balance between the ideas which comprise all "thinking" and the driving power which changes our thinking into doing." We see this condition spoken of as lack of inhibition (control) of primitive cravings: sex longings, self-preservation, hunger and the like. For these reasons this analysis attempts to point out the absolute necessity of recognizing and differentiating quantitative intelligence capacity as representing the ideational possibilities and the affective component which represents the possibilities of transforming ideation into the "doing" of the things we "think" about. These two fields constitute mental activity as a whole. Mental activity is the final answer as to the reason for our physical existence and our physical existence as a whole is expressed to the world in our individual symptom-behavior. If there is a weak link in the chain, the whole is weak. Now the layman has long recognized affective deviations, calling them passionate temper, instability, tantrums, ugly disposition, lust and criminal tendencies, particularly the more ugly crimes against property and person, but it has remained for these later years to properly catalogue and label such conduct. It is by bringing the findings of practical psychology into every-day life and every-day needs that we appreciate its intense common sense value.

The *cause* of these defects in intelligence capacity and its affective component is believed to lie in the findings of the analyses previously given. To heritable factors depending upon recessive unit characters transmitted from ancestors are added pre-natal factors affecting the child through uterine environment and incidental maternal disorders; and post-natal factors affecting the child as a separate entity in a world of reality, such factors constituting all those things with which the physical self has to contend, from those purely psychic to those biological, from "mental shock" to invasion by "germs." Even here innate normality based on adequate development plays a great and powerful role. Those who succumb easily and early are those having open specific avenues which make for lack of adequate defense. They are the ones who show lack of resistance to bacterial invasion, lack of resistance to psychic shocks and lack of ability for adequate organ functioning which leads to all sorts of deviations in symptom-behavior. We have been reviewing the *causes* of the types of

symptom-behavior commonly spoken of as due to feeble-mindedness. In the cases previously given we have seen the genetic factors for the patient's disorder traced to biological and ethnological findings in ancestors. The study was arranged essentially as a biological problem. For the uppose of presenting this type of symptom-behavior more in an economic light, the 14 Oneida County cases of mental defect cared for at Newark are shown as follows:

CASE No. 600 — FEMALE.

Summary of heredity and economic status of self and relatives:

Paternal ancestors.— Unknown. They are said to have been Indians.

Maternal ancestors.— Unknown.

Parents and siblings of patient.— The father is stated to have been an Indian and died after conditions indicating excesses. The mother is said to have been forced to marry this man at the instance of her own mother. After the patient's birth she left him and is said to have remarried twice. No details were obtainable. The patient had no brothers or sisters.

The patient.— Born in New York State in 1876. At an early age was "bound out" and ran away for her own protection. At 14 years became an inmate of an industrial home, was soon transferred to an almshouse whence she was removed to a "Shelter," where she remained fifteen months and was then admitted to the State Custodial Asylum at Newark as a case of mental defect. She has been continuously a dependent and social loss to society since June 4, 1881, a total of seventeen years to date. Seventeen years of 52 weeks each totals 884 weeks; 884 weeks at a per capita cost weekly of \$3.29 as shown by the records for this institution for 1916, including the value of home and farm products, consumed, totals \$2,838.36.

CASE No. 601 — FEMALE

Summary of heredity and economic status of self and relatives:

Paternal ancestors.— Details could not be ascertained. There are a number of individuals by the same family name in and near Oneida County whose relationship could not be definitely connected with the patient's father. These individuals showed a high percentage of almshouse residence, deafness, and violent temper.

Maternal ancestors.—The mother and father of the patient are described later. The patient's mother's father and mother were born nearly a hundred years ago; both were dependents in the Oneida County Almshouse; one maternal uncle also a dependent in the same almshouse; one maternal uncle was also a dependent in the Oneida County Almshouse and also a patient in the Utica State Hospital for the Insane.

Parents and siblings of patient.—The father of our patient was a sex offender concerning whom little more is known. He never paid any attention to the patient and did not support her. The mother was a feeble-minded sex offender who was a dependent in the Oneida County Almshouse as a "destitute" person. She had no education, was of "bad habits, able to work," but accepted indoor poor relief. The patient had no brothers or sisters.

The patient.—Born 1883, Oneida County, N. Y. Early history little known. Showed no marked physical stigmata. As she grew up she wandered around from place to place and has had illegitimate pregnancies. At 15 years of age she was a dependent in the Oneida County Almshouse, illegitimately pregnant. This child was born dead. Five months after her admission to the Almshouse she was committed to the State Custodial Asylum at Newark where she helped in the kitchen but could work only under close supervision, was not truthful, and showed marked tendency to rather grandiose fabrication in relating her family history. Binet-Goddard 1911 mental test disclosed a IX year mental level. She died after 16 years and 7 months residence, which at a per capita cost of \$3.29 per week indicates that the State paid \$2,829.40 for the support of this, the feeble-minded child of sex-offending parents both of whom were capable of transmitting recessive unit characters which determine quantitative intelligence defect and affective deviation in their children.

CASE No. 602 — FEMALE

Summary of heredity and economic status of self and relatives:

Paternal ancestors.—Paternal relatives unascertained.

Maternal ancestors.—Maternal grandfather of patient an alcoholic. His wife's record is unknown. Others unascertained.

Parents and siblings of patient.—The father was a feeble-minded man, alcoholic, sensual, and indolent. He had public relief for many years and finally died in the Oneida County Almshouse. The mother had no education, was alcoholic and sensual. Years ago was a dependent in the Oneida County Almshouse and was later discharged (date not recorded). Sixteen years later was again a resident of the Oneida County Almshouse on the grounds of "alcoholism and debauchery," and finally died there. They had 3 children; one died in infancy, one a feeble-minded boy who was admitted to the Oneida County Almshouse at the age of 15 years. Later he did odd jobs around a saloon and seems to have been the butt of his companions as he thought he had run for Governor and Mayor. Just now he is afraid to go to town "as he will get drafted and have to go to war." The other child died in infancy, cause unknown. The third child was the patient.

The patient.—Born in 1861, Oneida County, New York State. She was for two years a dependent in the Oneida County Almshouse. She remained illiterate and was finally committed to the State Custodial Asylum at Newark as she was "simple-minded and homeless." She showed no marked affective deviations, was good-tempered and obedient, and cared for children. At the age of 53 was discharged to the Oneida County Almshouse where she made her home, earning some money by assisting outsiders in rough housework. She is apparently of the benign type of mental defect. She has been essentially dependent for the whole 57 years of her life. The cause of the economic failure being the mental defect which was undoubtedly of hereditary origin.

CASE NO. 603 — FEMALE

Summary of heredity and economic status of self and relatives:

Paternal ancestors.—Unknown, as the father of the patient was alcoholic, concerning whose antecedents nothing is known.

Maternal ancestors.—Unknown.

Parents and siblings of patient.—The father was "a miserable drunkard." He was never an economic success and has never paid any attention to the patient. The mother was quite attractive physically in her youth but from her general history must be

considered as a case of mental defect with inhibitory lack over sex cravings. The drunken father of the patient was this woman's first husband. He died and she went to live with another man without the formality of marriage. Her economic status is very low; they live in a hovel. She has since borne two illegitimate children by this illicit consort. The couple seemed engrossed in sex activities and their home has a bad reputation, the man in addition having a jail record for shooting another "depraved" individual, who was paying attention to his "wife." The patient has no living brothers or sisters. Her mother had several pregnancies by the patient's father, but no living births. After the mother began her illicit relations with her second "husband" she had two illegitimate children, both girls, who grew up into sex offenders. One of these was never able to make any progress in school and is known to be feeble-minded. The other girl is undoubtedly a mental defective and has had illicit relations with men, and at last account was about to marry a man of low intelligence, probably feeble-minded.

The patient.—Born in Oneida County, New York State, in 1884. Is physically unattractive, hearing poor, articulation poor. No marked affective deviations. She reached about second grade in school work, reads and writes a little, but mental tests show a mental level of VIII years when at the physical age of 28 years. She had an illegitimate child born dead. Now she works a little in the institution laundry, cannot tell time, and does not know the day, month, or year. Is unable to comprehend complicated matters and is mentally unfitted to properly care for herself or to earn her living. She was admitted to the Newark State Custodial Asylum in October 1903, and has been a resident there for 14 years and 8 months, or 760 weeks, which at the cost of maintenance shown by the institution report for 1916 would mean that this case of mental defect has so far cost the State \$2,500.40. The cause of the mental defect in this case is found in the heritable recessive unit characters derived from parents and ancestors which determine defect in intelligence capacity, affective stability, and proper inhibition over primitive sex cravings.

CASE No. 604 — FEMALE

Summary of heredity and economic status of self and relatives:

Case 604 is the feeble-minded sister of Case 619, male (a boy), and Case 620, female (a girl), patients in the Syracuse State Institution. Case 604, female is described under the siblings (brothers and sisters) of Cases 619, male and 620, female, under the Syracuse State Institution list of cases, which see.

The economic status of this family is poor; their influence in society for crime, sex offense, epilepsy, alcoholism, insanity, and feeble-mindedness is appalling. They indicate the absolute need or removing such "carriers" of economic and social decay from the midst of our daily life and sequestering the defective individuals so that reproduction will be precluded. The cause of the mental defect as found in this family is heritable recessive unit characters which determine organ weakness on the developmental side and shows itself as mental defect, and constitutional deviations potential for insanity, epilepsy and alcoholism; conduct is thus determined of antisocial and dependent types.

Case 604, female, was admitted to the Newark State Custodial Asylum over 5 years ago and at the modest rate of \$3.29 per week has already cost the State \$881.72, with 15 more years of sequestration to come before she will be over the reproductive age.

Just what such a family can do to fill our jails, almshouses and State institutions for mental deviates is realized when we count the individuals:

Thirteen known as feeble-minded, many of whom were known sex offenders.

Two notorious female sex offenders not grossly feeble-minded.

One individual sentenced to jail.

One individual sentenced to a reformatory.

One criminal not convicted.

One insane, previously an almshouse dependent.

One insane and tubercular. Both of these being cared for in State Hospitals for the Insane.

One woman rumored to have been murdered by her husband.

The sex relations of one woman were so promiscuous that it is impossible to say just who are the fathers of 14 children, 4 of whom were institution dependents and when these strains of

heredity come forth in the next generation we find 7 out of 14 individuals showing mental deviations and dependent or anti-social symptom-behavior.

CASE No. 605 — FEMALE

Summary of heredity and economic status of self and relatives:

Paternal ancestors.— Unknown.

Maternal ancestors.— Unknown.

Parents of patient.— Our patient, having been brought to the attention of society by arriving at the Oneida County Almshouse with a newly born illegitimate child in her arms, was herself an illegitimate child. All we can say is that her parents were sex offenders and review the known feeble-mindedness of the hundreds of such cases seen in our investigations.

The patient.— Born in 1865. She was reared in an orphan asylum and later taken out to board by a farmer. She had a partial common school education but had been unsuccessful in her work and was stated to have had "bad habits." Her illegitimate child was born when she was about 18 years old. She was placed in the Syracuse State Institution soon after and was transferred to the Newark State Custodial Asylum as she grew older. She has been a dependent on State care since the summer of 1885, almost exactly 1,720 weeks to the date of this writing. At the rate of \$3.29 per week her maintenance has cost the State \$5,658.80. She will require care and segregation for life as she is unable to properly look after herself or her affairs.

CASE No. 606 — FEMALE

Summary of heredity:

Paternal ancestors.— Unknown.

Maternal ancestors.— Unknown.

Parents and siblings of patient.— The records show merely the names of the parents and nothing is known concerning them. The patient was an institution inmate from youth but the records kept by the institutions did no furnish any clue for our investigators. No brothers or sisters are known.

The patient.— Born 1889, in Oneida County, New York State. Just what her early surroundings were is unknown. At about the age of 3 years she was taken from her parents' home and removed to an institution in Syracuse where she remained 10 years and

then seems to have been a resident of the city of Rome for a short time previous to her commitment to Newark State Custodial Asylum in 1903, when she was 14 years of age. Her general physical health has always been good; had no convulsions and developed into a rather attractive personality. Is said to have had chorea affecting the arms while a school girl. She is rather good-natured and obedient but shows great lack of inhibition over sex cravings and when opportunity offers gives herself up to sex indulgence. She "cannot control herself when with men and boys, soliciting quite openly."

She has been a dependent in the Newark State Custodial Asylum for over fifteen years and will require indefinite custodial care as she is a menace to society from the standpoint of probable illegitimacy and corrupting public morals. She would be classed by the older psychologists as a "moral imbecile," which she is in fact, but it is better to think of such cases as representing special forms of mental defect which can be explained in the light of having been determined in the process of personality formation by the presence of certain definite heritable recessive unit characters. In this patient the specific unit characters which determine adequate control or inhibition over primitive sex cravings were the ones, the absence of which produced the symptom-behavior that might be called "moral imbecility." Naturally the unit characters responsible for this sex inhibition were not the *only* unit characters of a recessive type in her make-up as a whole, there being present also those which determine quantitative intelligence defect (organ weakness on the development side for brain and cord); and we see not only physical stigmata and physical defect with partial afunction but also disorders of function (chorea in this case).

From the economic standpoint the case is interesting as a breeder of sex offenders through her power to transmit recessive unit characters which make for lack of sex control in personality. What such a person could accomplish in harm to the State is almost incalculable. The unchecked matings of such types threaten the foundations of church and state. The cost of this one sex offender has now amounted to 10 years' residence in a home for girls, which at the per capita rate for 1916 would have cost the public \$1,450. She has been a dependent in the Newark State

Custodial Asylum for the past 15 years or 780 weeks, which at the rate of \$3.29 makes the cost of this one mental defective \$2,566.20. She has been a social liability since her birth in 1889. She has as a mental defective already cost society \$4,016.00 in direct maintenance costs but the indirect cost of such cases through incidental conduct of self and relatives is almost incalculable. Let us place such cases where they will be made happy, where they may be trained to return some value in industrial ways, but let us not permit them to further contaminate the virile blood of the State which must be kept unsullied if the ideals of democracy and constructive social efforts are to be preserved.

CASE No. 607 — FEMALE

Summary of heredity:

Paternal ancestors.—All normal so far as ascertained.

Maternal ancestors.—Maternal grandfather of the patient disappeared in the Civil War. The maternal grandmother developed a rather marked type of mental and physical senile deterioration and became helpless. This woman's sister also showed the same tendency to marked senile deterioration (organ weakness on the developmental side, with early and marked regressive changes due to lack of resistance to stress). The other members on the maternal side are unascertained.

Parents and siblings of patient.—The patient's father died of arterio-sclerosis. Said to be temperate in habits. Fair normal. The patient's mother is an "intelligent, respectable elderly woman;" her modest home is well-kept. She seems a fair normal. Claims she was frightened by an alcoholic when pregnant for the patient and attributes the child's mental defect to this incident.

The patient had 8 siblings, there being 3 sisters and 5 brothers. One girl died at 1 year of "whooping cough;" one girl died at 4 months of "whooping cough;" one died at one year and seven months of "water on the brain or meningitis." Of the brothers: one died at 3 months of "intussusception;" one died at 1 year and 5 months of "cholera infantum." Had convulsions. All of these children were so young at the time of death that nothing can be ascertained as to their mental status. The fact that brain disorder, with convulsions, occurred in one case is to be noted, and the possibility of actual brain defect or disorder in the siblings cannot

be dismissed. Three other brothers reached adult age, made their school grades, and were later of economic value in their communities.

The patient.— Born 1874 in Oneida County, New York. She early showed defect and “is said to have had infantile paralysis.” Walked by the aid of chairs and talked when four years old. Had “a limp and a totter.” She appears to have had a partial paralysis of the thigh when young, but in later years both legs were spastic and both knee jerks exaggerated. She gradually learned to talk a little. She developed one convulsion during whooping cough but remained simple and childish. She “talked to herself and made motions” but could do simple errands inside a room, wash herself and assist with the housework in little things.

The case was considered congenital by her own family but the presence of muscle disorders with spasticity and exaggerated knee jerks point to the possibility of an organic crippling disorder of the nervous system which has been superimposed upon the original brain defect. The actual fact of congenital defect existing primary to the acquired defect is to be remembered as the strong probability in most cases as this has been found to be the case in the majority of cases showing birth palsies which subsequently are seen as cases of mental defect. In many such cases the acquired brain injury (brain hemorrhage and subsequent paralysis) is only a contributory factor for further mental defect; the mental defect per se being due to an organ weakness on the development side, the heritage of specific, recessive, unit characters transmitted from ancestors. This patient became an economic loss and social dependent when 10 years of age when she entered the Syracuse State Institution where she remained for 23 years and then was transferred to the Newark State Custodial Asylum. She has been supported by the State 34 years. At a cost of \$3.29 per week this means \$5,816.72. If she had been of constructive value her wages at \$5 a week for the period would have amounted to \$8,840. Considering the loss in wages and the cost in maintenance she has been a social liability to the extent of \$14,656.72.

CASE NO. 608 — FEMALE

Summary of heredity:

Paternal ancestors.— Little is known but many are spoken of as “queer” and as “never the same two days in succession.” The

descendants of the patient's father by another marriage are described under the siblings of the patient.

Maternal ancestors.—Many are "respectable" members of their community. One maternal cousin of the patient is feeble-minded and obtained his wife by advertising for one. One maternal uncle was insane. He developed a psychosis after a love affair, lived wild in the woods, made a partial recovery but was never considered "just right." The maternal grandfather of the patient was an alcoholic who always carried his bottle of "apple-jack" to work. The others are largely unknown so far as details as to mentality are concerned.

Parents and siblings of patient.—The father showed no odd conduct or abnormal symptom-behavior. The mother was a "good woman" who showed no marked defects. She was tuberculous and died 18 days after childbirth. She had three children including the patient.

One brother of the patient seems a fair normal and makes a decent living. One sister is noted as "peculiar." She married a "disreputable character" from whom she separated. She had ability as a seamstress and makes a modest living but is not wholly independent as she lives with one of her relatives. When the patient's father married a second time five children were born who are the half-sibs of the patient. One boy is normal and prosperous. One sister is "peculiar" and does not get along well with her husband. Another sister is "most peculiar" and "undependable." Another sister is an invalid dependent due to tuberculosis. One boy is normal and a good worker.

The patient.—Born 1869 in Oneida County, New York. She has had a few epileptic convulsions which began when she was a young girl. As a young child she seems to have developed well physically, walked at 13 months, talked at the usual age, and was capable of learning manual things. Was obedient but at times irritable. At the early age of eight years she showed sex proclivities and had to be removed from the company of hired men on the farm. She was sent to the Syracuse State Institution in 1881 at the age of 12 years, where she remained until 1913 when she was transferred to the Newark State Custodial Asylum.

She is a case of feeble-mindedness showing symptoms of lack of inhibition over sex cravings and affective imbalance due no

doubt to recessive unit characters received largely from the maternal side but also receiving components for the development of a defective personality from the paternal side, so many of whom were known as "queer." Her institutional residence has now covered 37 years of dependency which at the rate of \$3.29 per week means a cost to the State of \$6,329.96, to say nothing of the loss in wages to herself of the 1,924 weeks which her institutional life has precluded. At only \$5 per week this would amount to \$9,620.00. This brings the total figures of her life as a social liability to \$15,949.96. These figures show in dollars what heritable recessive unit characters, which determine mental defect, mean to society.

CASE No. 609 — FEMALE

Summary of heredity:

Paternal ancestors.— The father of our patient was the feeble-minded offspring of incest between his father and that father's own daughter. The woman was always "very peculiar," had a habit spasm of the eyes, used drugs, whiskey and tobacco. She was a mental deviate of the affective type, showing many substitutive reactions suggestive of a psychotic personality. Her pregnancy by her own father must naturally have affected her viewpoint of life generally, but she was nevertheless undoubtedly of abnormal mental make-up. Her own father (by whom she was made pregnant) was a notorious character whose outstanding defect is affective imbalance and lack of inhibition over sex cravings, and while not perhaps markedly low in the intelligence scale, is a marked affective deviate which accounts largely for his antisocial conduct. The illegitimate son of the above incest mating had four consorts, two legitimate, and two illegitimate. Such are the immediate paternal beginnings.

Maternal ancestors.— The mother of the patient had one sister of "ordinary mentality" who had 4 children (maternal cousins of the patient). One of these has hare-lip and cleft palate and is feeble-minded (organ weakness on the developmental side.) The patient's mother has also a feeble-minded alcoholic brother; a sister with goitre who is "nervous;" another brother who is of fair economic efficiency but of rather a low social level. His wife is said to have become pregnant before marriage, drank, and was immoral. One other sister seems a fair normal.

The patient's maternal grandfather was a "miserable, worthless drunkard," who died of alcoholism and tuberculosis. His wife (maternal grandmother of the patient) was said to be normal and died of Bright's disease. Her father, however, was a senile dependent in a county almshouse. The other maternal relatives did not show symptom-behavior that attracted attention.

Parents and siblings of patient.—The mother seems to have been a fair normal (evidently a DR type in the Mendelian sense). She died a week after her third childbirth. The father is the illegitimate child by incest between his father and that father's own daughter (described previously.) He was considered to be mentally defective by those who knew him and after the death of his first wife (mother of the patient) had one legitimate and two illicit consorts. By one of the latter he had an illegitimate child. The "legitimate" consort who mated with such a man shows her own social worthlessness to the State in that three of her children by a previous mating are reported to be dependents in an orphan asylum. At last accounts this man, the father of the patient, was working as a laborer with small wages and living with a female sex offender.

Siblings: Our patient had 1 sister who died at 9 months, and 1 brother considered a mental defective by neighbors, who works as a farm hand. Our patient had also the half-sister who was the illegitimate child by one of the illicit matings of the patient's father. She is now reported to have died. The high mortality among the children of defective parents reflects not only the lack of care given such children by their incapable parents, but also indicates the tendency to succumb to bacterial infection and general inanition due to a physical organ weakness on the developmental side. This latter condition being due to recessive unit characters received from ancestors, which determines a physical machine not adequate for the demands of normal mental or physical life.

The patient.—Born 1896 in New York State. At the age of 1 year she was placed in the House of the Good Shepherd, Utica, and abandoned by her father. Five years later finds her still a dependent in a Syracuse institution where she remained a couple of years. She was "placed out" but could not stay in homes

because she was so forgetful. In 1915 she was transferred to the Newark State Custodial Asylum where she still remains. She had a fall down stairs at the age of 5 years which the relatives attributed as the cause of her mental defect. (Such incidents probably serve simply to attract attention to the child and unless associated with actual skull or brain trauma have little to do with the cause of the mental condition.)

At the physical age of 17 years she had a mental age of X.5 and is a middle grade moron type with a poor prognosis; shows no marked affective deviations, is gentle and affectionate. Mental processes slow, is forgetful, poor attention, concentration and memory. She is now 32 years of age and has been a dependent 31 years. If we add up the weekly per capita cost of such a case we see that a large sum of money has been paid out to care for a case of mental defect. That is one aspect of the problem but a much more important point yet remains, i. e., the *meaning* to society and the State of such a case. The meaning is clear. It is simply that the citizen body should learn to know that mental defect inevitably means partial or complete economic dependency; and secondly, any family tree which shows members in the almshouse, in institutions for orphans, delinquents, insane, and mental defectives, cries aloud that the children of marriages into such families stand a chance to come into the world mentally and socially handicapped, and the ratio of such a "chance" is not better than one to four and probably not so good. These cases have been set forth at some length in order that this, the lesson of the *meaning of economic loss and social liability*, may help democracy attain the ideals for which it strives through the development of normal-minded, physically efficient, and economically capable citizens.

CASE NO. 610 — FEMALE

Summary of heredity:

Paternal ancestors.— Unknown. They were natives of Wales and not accessible.

Maternal ancestors.— Unascertained.

Parents and siblings.— The father was an affective deviate showing violent bursts of temper during which he would make assaults, and on one occasion knocked the patient off a chair, injur-

ing her head by impact against a sharp projection on the hearth. This trauma was so severe that it was commonly thought to be the cause of the patient's feeble-mindedness. The father was also an alcoholic; supported self as a farmer, died of Bright's disease. The mother is little known but appears to have been a fair normal although some people spoke of her as an alcoholic. She was kind and tried to care for her unfortunate daughter (the patient).

Siblings: Our patient had 4 sisters and 3 brothers. One sister was a "troublemaker" and sex offender. She lived for years with a married man, later obtaining a divorce from her own husband and going through a form of marriage with her illicit consort although she must have known he had a wife living. (This probably indicating low quantitative intelligence capacity on her part and indifference to antisocial conduct. Three other sisters seem fair normals. The 3 brothers are getting along in a fairly efficient fashion and may be considered normal.

The patient.— Born 1863 in New York State. She early developed nocturnal epilepsy which persisted for years. General physical development good. Never went to school. (She was injured by violent trauma to head when she was 7 years of age.) She grew up as a "simple, ignorant woman" who did not know her own age, could not calculate time, and could not read nor write. Early in life she became illegitimately pregnant but the child was born dead. Several other illegitimate children by unknown fathers were born in the Oneida County Almshouse, all of whom are said to be dead except 1, who was later adopted.

We find that this woman began her career of dependency when she was 19 years of age, when she entered the almshouse illegitimately pregnant. From there she was committed to the Newark State Custodial Asylum in 1885, and remained until 1914 when she was discharged back to the community as she was then past the child-bearing period, but the fact of her dependency will continue indefinitely.

To date she has been a known economic liability of the State for over 34 years, during which time she not only required maintenance but caused additional expense due to destructive habits (associated with the epilepsy), and has never added one iota of constructive conduct to society. A typical example upon which to make a plea for eugenical matings.

CASE No. 611 — FEMALE

Summary of heredity:

Paternal ancestors.— No record.

Maternal ancestors.— No record.

Parents and siblings of patient.— No record. Cannot be located.

The patient.— Born 1869 in New York State. No record of early life.

Circulation has always been poor and there is an excessive growth of hair on lips and chin. General physical condition fair. No paralyzes; no convulsions. She has always been amenable to institution rules and shows no especial affective deviations.

She was admitted to the Newark State Custodial Asylum in 1878 as a low grade case of mental defect. She remained a dependent from this cause for 36 years when, having passed the child-bearing age, she was transferred to the Oneida County Almshouse. She resided there for 3 more years and finally died of heart trouble. Her known record of dependency covered 40 years. The cause of the dependency was entirely due to the low quantitative intelligence capacity, a condition which case after case has demonstrated as being almost wholly due to inherited traits from ancestors which determine mental defect.

CASE No. 612 — FEMALE

Summary of heredity:

Paternal ancestors.— No record.

Maternal ancestors.— No record.

Parents and siblings of patient.— The only reference to parents is that the patient was an illegitimate child and "said to come of a low, vicious family." No record of brothers and sisters.

The patient.— Born in 1892 in New York State. At the age of 10 years she was admitted to the Utica Orphan Asylum. She had been previously twice placed in families and returned as "unbalanced." She had scarlet fever when young, which affected her hearing, and has had a right otitis media ever since. Physically was fairly well developed and rather attractive. Sight, speech and gait normal. She attended school for a little while, can read simple words, writes a little but did not learn arithmetic.

She is now 26 years of age and has the mental level of an 8-year-old child. She was admitted to the Newark State Custodial Asylum in 1908 and is still there. She assists with the institution routine and shows no marked affective deviations. She has been an actual dependent ever since childhood and still remains so indefinitely; the cause being mental defect.

CASE NO. 613 — FEMALE

Summary of heredity:

Paternal ancestors.— Fair normals, as far as ascertained.

Maternal ancestors.— No record.

Parents and siblings of patient.— The father of the patient was an alcoholic who died of valvular heart disease. Before death he developed a senile deteriorating psychosis. The mother was an epileptic who had periods of great irritability and was at times quite unmanageable. She was finally admitted to the Oneida County Almshouse where she died. The patient had 4 brothers and 2 sisters. Three brothers seem to be fair normals. One brother married a woman who came from a family of low economic worth. He separated from her and married another woman, who is probably feeble-minded. At present they do not live together. Of the patient's sister, 1 is illiterate but "respectable." She is of rather low grade mentality but her behavior is good. The other sister is "queer." She seems to be a case of wanderlust. She will suddenly appear at some relative's home, stay a few nights and then leave for a new place. She is married and has 2 children.

The patient.— Born 1895 in New York State. She was early noticed as odd, had weak ankles and did not walk until 5 years of age. Sight and hearing good but did not talk until 9 years old and then had difficulty in pronouncing and drawled. Learned to count to 12; uncleanly and gluttonous. Good-tempered. No record of convulsions but had "St. Vitus Dance" and was spoken of as "nervous and wriggles when she walks." At the age of 10 years was admitted to the Syracuse State Institution, and at the age of 15 years was transferred to the Newark State Custodial Asylum as a rather low grade type of mental defect. She has been a dependent for 13 years and will continue so for the rest of her life. The cause of the dependency is mental defect due to

heritable recessive unit characters transmitted from ancestors which determine quantitative intelligence capacity defect, and other neuropathic traits which determine the constitutional deviations found in her physical make-up.

REPORT ON FIVE CASES OF MENTAL DEFECT, RESIDENTS OF
ONEIDA COUNTY, CARED FOR IN A PRIVATE INSTITUTION DURING 1914-1917

This report was transmitted by the Superintendent, Brunswick Home, Amityville, Long Island, N. Y.

CASE No. 860 — FEMALE

No history obtainable. The patient was a low grade idiot, untidy in habits. Physical health fair. She was 16 years of age when admitted and was a dependent in this institution for 27 years and 7 months.

CASE No. 861 — FEMALE

No history obtainable. The patient was a low grade idiot, filthy in habits. She was admitted when 3 years of age and remained a dependent in this institution for 8 years and 4 months.

CASE No. 862 — FEMALE

No history given. She was a case of mental defect having also epileptic seizures. She was "very irritable and unmanageable." She used tobacco before admission and employed bad language. General physical health "excellent." She was 36 years of age when admitted and remained a dependent in this institution for 3 years and 6 months.

CASE No. 863 — MALE

Father insane. No other history given. A feeble-minded boy, now 5 years of age. Has been a dependent in this institution for 9 months and is still there.

CASE No. 864 — MALE

No history given. An imbecile in good physical health. He is now 10 years of age and has been a dependent in this institution for the past 9 months and is still there.

N. B.— This case is a brother of Cases No. 616, male, No. 617, female, and No. 618, female, described under the Syracuse cases, and also of No. 529, female, described under the Rome cases.

This completes the total number of cases of mental defect who are residents of Oneida County and who are or have been inmates of institutions adapted to the care of the feeble-minded during the year periods 1914–1917.

CHAPTER XI

MENTAL DEFECTIVES IN THE COMMUNITY

Cases Not in Institutions

A census of the feeble-minded in any community to be exact would necessitate a house to house survey, with the making of mental examinations on each and every person. Such a procedure is manifestly impossible. For practical purposes it is neither necessary nor desirable. A much better way of getting at those cases which show by their symptom-behavior that they are incapable of making adequate adjustment to the demands of reality and the canons of organized society is to search the records of our public offices and to follow up the cases there found who have shown physical breakdown, economic dependency, odd or antisocial conduct. This plan was adopted and the investigators of the Bureau of Analysis and Investigation reviewed such records and interviewed poor law officers, town clerks, justices of the peace, district superintendents of schools, teachers, doctors, clergymen, relatives, friends, and any other reliable person whose judgment in this matter was considered dependable. In addition to following up cases who had formed part of a public record we investigated others whose names were suggested to us by any of the above named officials and persons, paying particular attention to those individuals who did not react normally to the laws and customs of their environment and of the community in which they resided. Many times their fellow citizens were aware of their odd conduct but were reluctant to say that they were feeble-minded.

The investigators made a special effort to see all such cases and the findings thus obtained, coupled with the history of past happenings as given by outsiders, made the basis of our final conclusions. The case history file of the Bureau of Analysis and Investigation holds the records of about 59,000 abnormal individuals linked up into family connections through a system of recording both paternal and maternal family names. In the work that preceded and followed the field work for this census these files of abnormal individuals furnished much information and many valuable clues for in many cases it was found that a feeble-

minded institution dependent also had feeble-minded parents, brothers, sisters or other relatives who were living at large.

In making this community survey a striking fact is again emphasized, namely, that mild mental defect if showing no affective deviations does not always imply economic dependence. But one should also hasten to say that the children of such matings are by no means always free from affective deviations and that therefore such families are almost sure to produce an excessive quota of life's failures and their further propagation should be discouraged. For the most part the benign types of mental defectives are the class of individuals performing transitory, intermittent work as untrained laborers and a considerable percentage of such types drift through the almshouses, county jails, and reform schools, while their young children are to be found as dependents in the various types of homes for children. Thus through the children we were able to trace many cases, incidentally revealing (as shown in a previous chapter) that many such children are economic orphans rather than orphans in fact. Parents who desert their children, or who become economic liabilities through mental deviation or other constitutional peculiarities and whose children appear as public charges or are dependent upon the care of kindly relatives or friends are remarked as probable cases of feeble-mindedness and furnish, by their own symptom-behavior, clues for their detection and registration.

Information relating to children under the age of 16 years was for the most part obtained from school teachers and school principals and the case followed up in the community through field work. Thirteen-year-old children who had been in school from the age of 6 or 7 and were found to be doing poor third or fourth grade work formed the largest part of the group of younger defectives. Such children were seen and their school records examined. In the city schools mental examinations were given to all children thought actually retarded and these results combined with the school history as made by the child's teacher and the personal history of the case as given by the teacher, relatives, or friends.

The cases which are shown in the tables below are to a large extent the individuals which have been noted as mentally defective among the relatives of the cases who were reviewed as inmates of

the State institutions at Rome, Syracuse, and Newark. In addition to these persons there were many others who had attracted attention by their symptom-behavior in the towns and cities where they resided. They had appeared before the courts, the social service organizations and the various clinics and other departments for poor relief. It was not possible to trace all those who had received economic help as "out-patients" in contradistinction to those who were committed to institutions, but the importance of examining the mental capacity of all such applicants for out-patient "poor relief" cannot be over-estimated.

In addition to the necessity of obtaining adequate data as to mental capacity in such cases we should attempt to extend our researches into the field of physical capacity as well, for failures in this field account for inadequate reactions in industrial work. This is shown in their heightened tendency to fall victims to industrial accidents, due to slow muscular reaction time, muscular incoordination, feeble attention, concentration, early fatigue and inadequate mental planning. We find other dependents become so through an increased susceptibility to ordinary "disease" transmitted through the agency of various micro-organisms. This is commonly known as lack of resistance to bacterial invasion—a recessive unit character trait received from ancestors, illustrated by familial tuberculosis or marked susceptibility to intercurrent infectious disorders; peculiar reactions to bacterial or other toxins indicated by excessive biochemical physical changes which may or may not be accompanied by symptoms of a neuropathic type, such as constitutional (natural, i. e., hereditary) peculiarities for certain animal sera with rapid anaphylactic symptoms; also excessive reactions essentially vascular in type to the ingestion of animal or vegetable proteids; rapid and marked susceptibility to various exogenous poisons of which alcohol is most often the offender. These examples are given simply to illustrate *why* it is that a patient seeking medical assistance through a general hospital or almshouse is not merely a man who is temporarily an economic loss from some disease "germ" but is much more than that from the viewpoint of dependency inasmuch as we now know and in the future should try more and more to accurately set down the

fact that certain individuals are more prone than others to break down under the various forms of stress and strain in our world of reality and it is these persons showing these various forms and types of organ weakness that fill the ranks of the dependents, the semi-dependents, the "weak-brothers" and the "weak-sisters," any one of whom is a potential economic loss to the State. The organ *capability* of each one of us should be determined and from this our mental capacity and physical endurance prognosticated. This accomplished, vocational suitability should be sought, for in this way only does the individual find the best vehicle for his ultimate endeavors and incidentally the avoidance of those uncharted reefs which mean shipwreck of hopes and financial dependency. No matter what our organ weakness may be, there is always *one* channel which is our *best* outlet for vocational endeavor and which holds out the only real hope of fair success. It may be that mental capacity is so low that the "best" outlet must needs be poor and so require life-long supervision; or physical disease through undue constitutional susceptibility to microbic invasion may render existence an unceasing combat with dependency and self-support always in the fluctuating balance. Nevertheless, however meagre the final output of social value, let us face the *facts* of personality, determine individual capacity, then make scientific provision for the best possible output in an environment suited to the development of all latent capacity. Let the "mis-fits" be calipered and placed in that groove of society where they will "fit" the best. This is the lesson to be drawn from accurately examining such cases as they come before us clinically, either as the "poor," the mental defective, the psychotic, the delinquent, the unstable "victim of temperament," the tubercular — "whose family all had weak lungs," the sick child of the poor — "Johnny always gets every disease that's going but his brother doesn't seem to," the school truant — "the black sheep," and all the others of the vague but swelling crowd of failures.

Accurate diagnosis in *all fields* of inquiry, without prejudice or favor, is the *sine qua non* for further advance in the problem of dependency. Next comes the determination of capability and the development of potential capacity to the limit of developmental possibilities. Finally the adoption of a vocation fitted to

the capacity as thus determined. In some cases this means institutional supervision; in other cases it means life in a community with supervision by social workers; and in other cases it means the preservation of an independent economic unit, self-supporting through the fitting of effort and aims to diagnosed mental or physical capacity. This is true and lasting help for the "poor," the down-and-out, the man who is a failure through "sickness," or who has so many accidents in the shop because "he is so unlucky."

The figures which are appended represent only those cases of mental defect found at large in the community in Oneida County which showed rather striking symptom-behavior. We do not pretend to say that every possible case has been uncovered but that the survey has been fairly complete may be seen by the fact that in Oneida County, with a population of 167,331 (in 1915), our investigators traced 1,019 cases of mental defect, or 6.0 in every 1,000 of the population. Putting the question of mental defect in terms of economic efficiency we find that during the same period no less than 2,114 persons in the community *other* than those receiving care in the almshouse or other institutions had become partial or complete dependents and as such had received outdoor relief in various forms. This means that 1.2 per cent of the community have not been able to make continuous and adequate reactions to the demands of life in the environment in which they found themselves.

Concerning the making of the actual diagnosis of mental defect, we believe that we have been quite conservative. In the case of those under 16 years practically all cases had reached their tenth physical year and retardation in mental development had been marked and obvious. In the older cases examinations, interviews, and public records furnished sufficient data for diagnostic purposes.

Finally, let it be understood that when we speak of cases of mental defect we do not refer only to cases of marked imbecility or idiocy, but include within the term "mental defect" all those persons whose quantitative intelligence capacity has not developed at maturity up to the level of a normal 11- or 12-year-old child; or who, while showing perhaps only mild mental defect in the sense of intelligence capacity, does still show that other form of

mental defect described as affective deviation, and which to so large a degree determines conduct of social or anti-social value.

Our figures do not imply that every case of mental defect requires institutional care. They *do* show the majority of those individuals at large in the community who are capable of transmitting to their children traits for mental and physical weakness and economic failure. This is bound to occur with mathematical accuracy if two such defective types mate. If one such defective mates with an actual normal, their children, while appearing to be normal, will be capable of transmitting the inherited trait. A people to develop the highest degree of physical, mental and social efficiency should see to it that all antisocial defectives are segregated during the years of procreation. When we pause to reflect that 25 per cent. of all males becoming insane in the State of New York do so through infection by syphilis, then we can also grasp the meaning of the type of mental defective (sex offender, affective deviate) who through constant violation of all "morality" corrupts not only the manners of its votaries but infects them with the highly dangerous diseases, syphilis and gonorrhoea. A feeble-minded defective woman sex offender has been known to become the source of infection to an extraordinary number of men. In short, the whole problem of vice, sex offense, moral degradation and commercialized uncleanness is so founded on the rock of mental defect, including affective deviation, that all efforts at rehabilitating the individual must first of all imply and include a survey of his mental and physical *limitations*; and so arranging for his or her future that the State in its citizens may be protected from such harm. And this should be done moreover, not in a spirit of paternal help but in the newly-awakened spirit of increasing individual efficiency and hastening social hygiene, upon the knowledge of which depends the perpetuation of our democracy.

TABLE I

TABULATION OF FEEBLE-MINDED INDIVIDUALS OUTSIDE OF INSTITUTIONS IN ONEIDA COUNTY. TWO GROUPS: THOSE UNDER SIXTEEN AND THOSE OVER SIXTEEN YEARS OF AGE. SURVEY CENSUS TAKEN JUNE AND JULY, 1917

TOWNS	Population in 1915 — U. S. census	Number feeble- minded outside institu- tions under 16 years	Number feeble- minded outside institu- tions over 16 years	Total number feeble- minded outside institu- tions in 1917
Annsville.....	1,450	3	10	13
Augusta.....	2,056	4	9	13
Ava.....	659	*	2	2
Boonville.....	3,260	21	31	52
Bridgewater.....	862	*	*	*
Camden.....	3,359	8	43	51
Deerfield.....	1,836	2	10	12
Florence.....	970	1	3	4
Floyd.....	702	2	12	14
Forestport.....	1,170	8	23	31
Kirkland.....	4,791	9	10	19
Lee.....	1,313	2	3	5
Marcy.....	1,260	*	10	10
Marshall.....	1,814	3	2	5
New Hartford.....	7,884	21	7	28
Paris.....	3,018	26	19	45
Remsen.....	983	4	15	19
Rome.....	21,926	43	108	151
Sangerfield.....	2,032	7	9	16
Steuben.....	839	5	15	20
Trenton.....	2,671	6	20	26
Utica.....	80,589	206	142	348
Vernon.....	3,841	4	14	18
Verona.....	3,752	18	21	39
Vienna.....	1,931	*	7	7
Western.....	1,150	2	18	20
Westmoreland.....	2,115	4	3	7
Whitestown.....	9,128	12	32	44
Total.....	167,331	421	589	1,019

* Information not adequate for tabulation.

TABLE II

COMPARISONS OF THE NUMBER OF FEEBLE-MINDED OUTSIDE OF INSTITUTIONS IN ONEIDA COUNTY WITH THE TOTAL NUMBER OF RESIDENTS WHO WHILE NOT IN THE ALMSHOUSE OR OTHER INSTITUTIONS, RECEIVED PUBLIC RELIEF IN 1917

TOWNS	Population in 1915	Number feeble- minded outside institu- tions in 1917	Per cent of feeble- minded outside institu- tions in 1917	Number of residents in community (not in the almshouse or other institutions) who received public relief in 1917	Per cent residents in community (not in the almshouse or other institutions) who received public relief in 1917
Anneville.....	1,450	13	0.8	8	0.55
Augusta.....	2,056	13	0.6	16	0.78
Ava.....	659	2	0.3	*	*
Boonville.....	3,260	52	1.5	62	1.901
Bridgewater.....	862	*	*	2	0.232
Camden.....	3,359	51	1.5	35	1.041
Deerfield.....	1,836	12	0.6	4	0.217
Florence.....	979	4	0.41	5	0.515
Floyd.....	702	14	1.9	*	*
Forestport.....	1,170	31	2.6	12	1.025
Kirkland.....	4,781	19	.39	50	1.945
Lee.....	1,313	5	0.38	1	0.076
Marcy.....	1,260	10	0.79	1	0.079
Marshall.....	1,814	5	0.27	4	0.220
New Hartford.....	7,864	28	0.30	20	0.254
Paris.....	3,018	45	1.491	1	0.331
Remsen.....	983	19	1.932	*	*
Rome.....	21,926	151	0.688	252	1.149
Sangerfield.....	2,032	16	0.78	21	1.033
Steuben.....	839	20	2.383	*	*
Trenton.....	2,671	26	0.973	4	0.149
Utica.....	80,589	348	0.430	1,484	1.841
Vernon.....	3,841	18	0.468	13	0.338
Verona.....	3,752	39	1.039	30	0.799
Vienna.....	1,931	7	0.362	18	0.934
Western.....	1,150	20	1.739	14	1.217
Westmoreland.....	2,115	7	0.330	5	0.236
Whitestown.....	9,128	44	0.482	52	0.569
Total.....	167,331	1,019	0.608	2,114	1.203

* Adequate information not furnished.

In obtaining the data for this census of mental defectives in the community, the matter as to outdoor poor relief was not considered in so far as a diagnosis of mental defect being made upon such persons as applied for relief. Of the mental defectives actually noted there were no reliable figures available which would show just how many of them received outdoor poor relief and how many did not. The figures for the year ending June 30, 1917, were placed in Table II to demonstrate the relation between the number of cases mentally defective and the number of individuals

receiving relief by public funds. This proves to be quite close in most cases. Where the percentage of cases of mental defect is greater than the percentage of the whole of the population relieved, it is believed that this divergence is due to the fact that in these communities we have found several members of a family to be mental defectives in which case each one was of course counted; but in that same family only the one person applying for outdoor public relief (to help the whole family) is counted. Thus, often it will be discovered that one person applying for poor relief is but the representative of a whole family group of economic failures.

Except for the children in school, the number of mental defectives in Rome or Utica could not be definitely ascertained without a personal examination of the entire community population; a feat obviously out of the question. However, the difficulty was largely met by tracing up applicants for various forms of relief or by following up cases which had shown unusual symptom-behavior. In our quest the charity organization departments of Rome and Utica were of great value, particularly in Rome where the area of the city was smaller and the dweller had developed less of that individual city isolation than was the case in the larger city of Utica. It is where people know each other as neighbors and where social conditions have not grown too complicated that follow-up data becomes available. We feel that the findings for Rome are fairly complete, and while those for Utica are not quite so complete they are fairly satisfactory.

We find that the percentage receiving outdoor relief in both cities is more than 1 per cent. higher than the percentage showing actual mental defect in the same cities. We believe this is due to lack of adequate information concerning the mental status of those applying for outdoor relief rather than a decrease or drop in the ratio of the number of mental defectives over the number of individuals receiving public outdoor relief but not ordinarily considered by the public as being cases of mental deviation or mental defect themselves.

TABLE III

TABULATION OF FEEBLE-MINDED INDIVIDUALS OUTSIDE OF INSTITUTIONS IN ONEIDA COUNTY

TOWNS	Number feeble-minded who have been in institutions for the feeble-minded	Number feeble-minded with relatives in an institution for feeble-minded	Number feeble-minded who have been in an institution for epileptics	Number feeble-minded who have been in the county almshouse	Number feeble-minded with relatives in the county almshouse	Number feeble-minded who have been in children's homes	Number feeble-minded with relatives who have been in children's homes
Annsville.....							1
Augusta.....							
Ava.....							
Boonville.....	1	1		1	1	5	8
Bridgewater.....							
Camden.....	2	9		1	2	2	3
Deerfield.....							
Florence.....							1
Floyd.....				1	1		
Forestport.....						1	1
Kirkland.....					1	1	
Lee.....	1	1					
Marcy.....					*1		
Marshall.....							1
New Hartford.....							
Paris.....		3	13	1	*7	3	9
Remsen.....							2
Rome.....	6	31	2†	4	8	1	17
Sangerfield.....	1	2				1	1
Steuben.....							2
Trenton.....							31
Utica.....	5	26	1	3	7	38	36
Vernon.....			1				
Verona.....	5	7		2	2	2	3
Vienna.....	1	1			1	1	
Western.....	2	13					
Westmoreland.....							
Whitestown.....	1	9			2	1	13
Total.....	25	104	7	13	33	56	99

* Represents those who have been in an institution for delinquents.
† Represents those who have relatives in institutions for epileptics.
‡ Represents those who have been in a school for the blind.

The feeble-minded at large who are classed as those who have been in an institution for the feeble-minded are for the most part those who have been discharged to work. In a very few cases they are the young mentally defective children who had been institution dependents and who have been discharged to their parents as cases that can be cared for in their own homes.

Number feeble-minded now resident and at large in Oneida County (July, 1917).....	1,019
Number feeble-minded Oneida County residents who have been institution dependents.....	101
Per cent. feeble-minded who have been institution dependents.....	9.911

Number feeble-minded with relatives who have been institution dependents	236
Per cent. feeble-minded with relatives who have been institution dependents	23.159
<hr/>	
Number feeble-minded Oneida County residents now in institutions for the feeble-minded.....	72
Known feeble-minded at large in Oneida County.....	1,019
Known feeble-minded in institutions other than for feeble-minded.	138
	<hr/>
	1,229
	<hr/>

In a few cases in these tables an individual has been counted more than once because one or more of the headings applied to the individuals studied. A good illustration is a boy on our records who was born in an almshouse. At the age of 9 years he was committed to a children's home because of the incompetency of his mother; three years later he was transferred to an institution for the feeble-minded because he was unable to profit by the training or to react to the rules of the children's home. After five years' residence in an institution for the feeble-minded he eloped and as no effort was made by the institution to return him he settled in Oneida County and is now living at large. Hence his name now appears in the census of mental defectives outside of institutions. His mother, maternal grandparents, maternal uncles, and maternal aunts have all been inmates in the almshouse of an adjoining county and some of them were also inmates of a children's home in an adjoining county. Thus his name and his relatives' institutional careers cause this family to appear in all the columns of Table II except the column calling for feeble-minded who have been in an institution for epileptics.

However, only comparatively few of the histories studied have revealed similar characteristics as that of this boy; and the repetitions thus caused do not vitiate the figures as a whole. On the contrary, such cases are valuable illustrations of the complexity of the problem and demonstrate how feeble-minded or other mental deviate types furnish much of the population for institutions

of all classes, including those presumed to be for economic dependents alone.

The total number of feeble-minded in Oneida County outside of institutions at the close of the official year June 30, 1917, was ascertained by the Bureau of Analysis and Investigation to be 1,019. Of these 1,019 cases of mental defect living in the community a certain number have been in times past institution dependents. To estimate the number of feeble-minded who have thus been dependent at some time previous to the making of this survey, the total number of mental defectives who have been dependents in institutions for mental defect, or in children's homes of any class, or institutions for epileptics, or almshouses, was ascertained and was found to be 101 cases, or 9.911 per cent. of the total number of cases of mental defect now at large in the community. Of these 1,019 cases of mental defect outside of institutions, 236 of them 23+ per cent., or practically one-fourth of them, had relatives who had been institution dependents somewhere, at some time, previous to the time of this survey. This illustrates the constant association between mental defect, public indoor relief, and dependency requiring institutional care in any and all forms.

SUMMARY

NUMBER OF MENTAL DEFECTIVES, residents of Oneida
County IN INSTITUTIONS OTHER THAN INSTITU-
TIONS FOR THE FEEBLE-MINDED.

<i>Institution</i>	<i>Mental Defectives</i>
Elmira Reformatory	2
New York House of Refuge at Randall's Island	1
Mt. Magdalen School of Industry, Troy	7
Western House of Refuge, Albion	5
House of the Good Shepherd, Utica	13
St. Vincent's Industrial School, Utica	30
St. John's Catholic Orphan Asylum, Utica	21
Utica Orphan Asylum	12
St. Joseph's Infant Home, Utica	4
Oneida County Almshouse	41
Brunswick Home, Amityville	2
Total	138

NUMBER OF MENTAL DEFECTIVES, Residents of Oneida
County IN STATE INSTITUTIONS FOR THE FEEBLE-
MINDED.

Syracuse State Institution	20
Rome State Custodial Asylum	42
State Institution for Feeble-minded Women, Newark	10
Total	72

TOTAL NUMBER of Mental Defectives From
Oneida County IN INSTITUTIONS ALL
TYPES 210

THE CAUSES OF DEPENDENCY

357

TOTAL NUMBER of Mental Defectives in Oneida County, NOT IN INSTITUTIONS.....	1,019
WHOLE TOTAL OF MENTAL DEFECTIVES Residents of Oneida County.....	1,229
FEDERAL CENSUS, ONEIDA COUNTY, (1915).....	167,331
Per Cent. Feeble-minded to population.....	.734+
Ratio of Feeble-minded to population.....	1 to 136.1+
(For the year ending June 30, 1917)	

CHAPTER XII

DEPENDENCY DUE TO EPILEPSY

REPORT ON THIRTY-SIX CASES OF EPILEPSY, RESIDENTS OF ONEIDA COUNTY, CARED FOR AT CRAIG COLONY FOR EPILEPTICS, SONYEA, N. Y.*

Field Work by Investigator Florence G. S. Fischbein

The problem of epilepsy from the standpoint of dependency resolves itself into an intensive study of individualistic reactions. The epileptic is a personality making specific inadequate reactions to reality, the causes of which fall into three main groups, i. e. (1) as due to constitutional deviations in personality make-up dependent upon traits received as recessive unit characters from ancestors; (2) as due to definite, demonstrable, organic changes or lesions in the brain, or lesions elsewhere reflexly affecting the normal functioning of brain; and (3) as due to definite trauma with resulting disturbance, loss or other alteration of tissue.

Causes from any one of these three categories may produce convulsions but it is obvious that such convulsions spring from diverse clinical facts and to speak of them all under the name of epilepsy is to cloud the situation presented by the patient and to render an inaccurate diagnosis. Thus is explained why it is necessary to study every avenue of approach in each case and eventually make a diagnosis founded on *all* the facts so obtained, including heredity, personality, clinical morbidity, and pathological anatomy.

Epilepsy from definite trauma and demonstrable organic lesions during life is less common than ordinarily supposed. It follows then that the great bulk of our cases falls into the group wherein the convulsions are an expression of constitutional inabil-

* The institution records of these cases were made available through the courtesy of the Superintendent, Dr. William T. Shanahan.

ity to make adequate reaction to the facts of life and lead back into the deep subconscious mental trends of that particular personality.

These thirty-six cases of dependency due to epilepsy are presented as a study which shows all the facts of heredity, pre-natal and post-natal influences in each case; factors which guided the developing personality into its own particular groove of symptom-behavior. The economic crippling that accompanies epilepsy is always marked, both as to the amount of constructive work which is reduced by the time lost previous to, during and after the convulsion and also in the sense of a loss of ability to work which arises out of the constant feeling of uncertainty which oppresses all the victims of this disorder.

CASE NO. 638 — MALE

Heredity: Mother very "nervous." Father and mother both had headaches. One sister had headaches. Maternal cousin had epilepsy. Niece had headaches.

Odd or anti-social conduct, drug habit, alcoholism: Irritable by periods. Eccentric. At times very talkative. Active, good worker. Fond of propounding difficult problems. Mathematical trend. Considerable insight.

Physical disease or handicap other than epilepsy: Somewhat lame.

Etiology other than heredity: Unknown.

Type of epilepsy: Grand and Petit Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Yes.

Mental defect: Feeble-minded.

Psychosis: None.

CASE NO. 639 — MALE

Heredity: Mother and maternal grandmother died of tuberculosis. Maternal grandfather insane and in Utica State Hospital; was in an almshouse. One maternal aunt tubercular and "nervous." One maternal aunt tubercular. Paternal grandmother "nervous."

Odd or anti-social conduct, drug, habit, alcoholism: Unclean about person.

Physical disease or handicap other than epilepsy: Constitutionally inferior. Limbs atrophic; walks with difficulty. Pulmonary tuberculosis from which he has since died.

Etiology other than heredity: Unknown.

Type of epilepsy: Grand Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? No.

Mental defect: Feeble-minded, grade of imbecile.

Psychosis: None.

CASE No. 640 — MALE

Heredity: Mother "nervous" and given to swooning. Maternal aunt insane and attempted suicide. Maternal grandmother "eccentric" (psychotic). Maternal great-grandmother left-handed.

Odd or anti-social conduct, drug habit, alcoholism: None.

Physical disease or handicap other than epilepsy: Constitutionally inferior. Microcephalic. Rickets in infancy. Dorsal kyphosis. Pigeon-breasted. Subnormal development of the nervous system.

Etiology other than heredity: None.

Type of epilepsy: Grand Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Some deterioration.

Mental defect: Feeble-minded from birth.

Psychosis: None.

CASE No. 641 — FEMALE

Heredity: Mother had "nervous spells." Father inmate of almshouse. One paternal cousin alcoholic. Four paternal cousins feeble-minded. Two paternal cousins epileptic. Four paternal cousins have uncertain parentage and one of these shows speech defect. Paternal aunt is a sex offender. One paternal uncle is a sex offender with three or more illegitimate children, one of whom was backward about talking. One paternal aunt insane and epileptic (her husband a "degenerate").

Odd or anti-social conduct, drug habit, alcoholism: Irritable. Hiatus in memory at times.

Physical disease or handicap other than epilepsy: None.
Etiology other than heredity: Typhoid fever.
Type of epilepsy: Grand Mal.
Prognosis from standpoint of future dependency: Poor.
Deteriorated? Yes.
Mental defect: Feeble-minded, low moron. Binet-Simon test IX years.
Psychosis: None.

N. B.—This case is the paternal cousin of case No. 614, female, described under the Syracuse State Institution cases of mental defect.

CASE NO. 642 — FEMALE

Heredity: Father died of "shock" or apoplectic stroke. Sister somewhat "nervous." One brother has "headaches." One sister has been married and separated several times (difficulty of adjustment).

Odd or anti-social conduct, drug habit, alcoholism: Depressed, quiet.

Physical disease or handicap: Headaches. Pulmonary tuberculosis.

Etiology other than heredity: Stress at first menstrual period. (Introversion?)

Type of epilepsy: Grand and Petit Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Yes.

Mental defect: Shut-in personality. Morose. Depressed. Moron.

Psychosis: None.

CASE NO. 643 — FEMALE

Heredity: Mother was a sex offender, morphine habitué, chorea in childhood. Father was in prison, an alcoholic. One brother was in Utica Orphan Asylum. The relatives did not occupy a high social plane. Maternal grandmother had "headaches." Patient was an illegitimate child.

Odd or anti-social conduct, drug habit, alcoholism: Disturbed periods.

Physical disease or handicap other than epilepsy: None.

Etiology other than heredity: None.

Type of epilepsy: Grand Mal.

Prognosis from the standpoint of future dependency: Poor.

Deteriorated? Yes.

Mental defect: Feeble-minded, imbecile grade. Binet-Simon test VI years.

Psychosis: None.

CASE NO. 644 — FEMALE

Heredity: Mother alcoholic, anti-social, once arrested for intoxication. One brother and one sister alcoholic. One sister is nervous and excitable. One niece has chorea. One nephew has "asthma."

Odd or anti-social conduct, drug habit, alcoholism: Alcoholism. Immorality (homosexuality). Was in New York Training School for Girls at Hudson, N. Y. Has been in the Oneida County Hospital.

Physical disease or handicap other than epilepsy: None.

Etiology other than heredity: Unknown.

Type of epilepsy: Grand Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? No record of this since entering institution.

Mental defect: Feeble-minded, low moron. Binet-Simon test VIII years.

Psychosis: None.

N. B.— Her child was a dependent in the Oneida County Hospital and House of the Good Shepherd, Utica, until its brief life closed at two years of age.

CASE NO. 645 — FEMALE

Heredity: Father alcoholic, a wife-beater. History of tuberculosis. Paternal grandmother died of "nervous ailment." Mother a sex offender.

Odd or anti-social conduct, drug habit, alcoholism: Gluttonous.

Physical disease or handicap other than epilepsy: Tuberculosis developed after admission.

Etiology other than heredity: Whooping cough?
Type of epilepsy: Grand Mal.
Prognosis from standpoint of future dependency: Poor.
Deteriorated? Yes.
Mental defect: Feeble-minded.
Psychosis: None.

CASE No. 646 — FEMALE

Heredity: One maternal aunt an insane epileptic. One maternal aunt had chorea in childhood. Father drank and had rheumatism. He was a sex offender; also subject to headaches. Maternal grandmother was "nervous." She had a brother who committed suicide. One sister probably epileptic and one brother "nervous" and alcoholic.

Odd or anti-social conduct, drug habit, alcoholism: Irritable.

Physical disease or handicap: None.

Etiology other than heredity: Unknown.

Type of epilepsy: Grand Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Yes. Memory weakened.

Mental defect: Feeble-minded, low grade imbecile. Binet-Simon test V years.

Psychosis: Hallucinations. Psychosis with epilepsy.

CASE No. 647 — FEMALE

Heredity: Father deaf, "catarrh." One paternal uncle wanderlust. One maternal aunt and one maternal uncle tubercular. One maternal aunt vascular brain disorder with cerebral hemorrhage. Maternal grandfather was tubercular.

Odd or anti-social conduct, drug habit, alcoholism: Well-behaved. Good-natured.

Physical disease or handicap other than epilepsy: Digestion poor.

Etiology other than heredity: Unknown. Measles at 8 years. Whooping cough at 9 years.

Type of epilepsy: Grand and Petit Mal. Psychic equivalents.

Prognosis from standpoint of future dependency: Fair.

Deteriorated? No.

Mental defect: Mental condition shows no intelligence capacity defect. Memory and attention good. Passed Binet-Simon test at adult age. Went home for vacation and did not return.

Psychosis: None.

CASE NO. 648 — MALE

Heredity: Maternal grandfather died of cerebral hemorrhage. Mother has fainting spells, "nervous prostration," hysteria and periodic headaches. Father's sister was insane. Father an alcoholic criminal. Mother was illegitimate. Maternal grandmother was a sex offender. She had one sister "nervous" and one brother who received poor relief. Collateral relatives show "poor relief," "shiftlessness," "Indian blood," and a general low economic level.

Odd or anti-social conduct, drug habit, alcoholism: None.

Physical disease or handicap: other than epilepsy: None.

Etiology other than heredity: Unknown. Birth difficult.

Type of epilepsy: Grand and Petit Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Somewhat.

Mental defect: High grade moron. Mental condition fair. Passed Binet-Simon test at XI years.

Psychosis: None.

CASE NO. 649 — MALE

Heredity: Mother had migraine. Paternal aunt epileptic, and insane. Father was insane, alcoholic, syphilitic, "rheumatic," and a sex offender. Paternal grandfather was alcoholic. Patient's nephew had convulsions in infancy.

Odd or anti-social conduct, drug habit, alcoholism: None.

Physical disease or handicap other than epilepsy: Slight lateral curvature of spine. Double talipes planus. Small umbilical hernia.

Etiology other than heredity: Unknown.

Type of epilepsy: Petit Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Undoubtedly.

Mental defect: Feeble-minded, grade of imbecile. Mild disposition. Cares for self.

Psychosis: None.

CASE No. 650 — FEMALE

Heredity: Mother's father died from "stroke." Was probably insane, and an alcoholic. One maternal aunt had epilepsy. One maternal aunt had periodic sick headaches. One paternal aunt had periodic headaches. One brother alcoholic. Two maternal cousins alcoholic. Two paternal cousins tubercular.

Odd or anti-social conduct, drug habit, alcoholism: Violent and excited at times.

Physical disease or handicap other than epilepsy: None.

Etiology other than heredity: Scarlet fever.

Type of epilepsy: Grand Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Memory affected.

Mental defect: Moron, middle grade. Binet-Simon test X years.

Psychosis: None.

CASE No. 651 — MALE

Heredity: Father alcoholic. One paternal aunt, "palsy." One maternal aunt "nervous" and probably feeble-minded. Was an inmate of an Old Ladies' Home in Utica. One paternal cousin "nervous" and a suicide. Two brothers alcoholic. Collateral relatives show alcoholism and dependency.

Odd or anti-social conduct, drug habit, alcoholism: None.

Physical disease or handicap other than epilepsy: None. Trephined for epileptic seizures when 18 years old, with improvement for one year.

Etiology other than heredity: Not definitely known.

Type of epilepsy: Grand Mal.

Prognosis from standpoint of future dependency: Fair.

Deteriorated? Not noticeably.

Mental defect: No gross intelligence capacity defect.

Psychosis: None.

CASE No. 652 — FEMALE

Heredity: Great-grandmother in State hospital for the insane. Mother had "fainting spells." Paternal grandmother died of tuberculosis. Paternal cousin is alcoholic. One paternal uncle, wanderlust. One paternal aunt was in an orphan asylum and died of tuberculosis. One paternal uncle in orphan asylum. His child had "imperfect development of spine." One sister of patient had cross-eyes.

Odd or anti-social conduct, drug habit, alcoholism: Destroys toys, wanders from home. Uncleanly about person. Gluttonous.

Physical disease or handicap other than epilepsy: Defective eye-sight. Speaks only a few words. Teeth poor. Facial tic. Paralysis. Gait affected.

Etiology other than heredity: None.

Type of epilepsy: Grand and Petit Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Yes.

Mental defect: Idiot.

Psychosis: None.

CASE No. 653 — FEMALE

Heredity: Father alcoholic. One brother "nervous." One sister had chorea (St. Vitus dance) at 13 years. One maternal aunt had "fits when young," and one maternal uncle had "jerk-ing spells," (probably chorea). One brother of patient was "nervous."

Odd or anti-social conduct, drug habit, alcoholism: Quarrelsome and profane at times. Smoked tobacco.

Physical disease or handicap other than epilepsy: None.

Etiology other than heredity: None.

Type of epilepsy: Grand Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Yes.

Mental defect: Moron, middle grade. Binet-Simon test X years.

Psychosis: Cyclic mood swings with depression. Has dreams connected with her past life. She married an alcoholic criminal with a jail record who had also been in the Oneida County Almshouse.

CASE No. 654 — FEMALE

Heredity: Alcoholic father, also a hunch-back. Mother tubercular.

Odd or anti-social conduct, drug habit, alcoholism: Irritable. Will strike other patients when disturbed.

Physical disease or handicap other than epilepsy: Constitutionally inferior. External hemorrhoids.

Etiology other than heredity: Possibly scarlet fever.

Type of epilepsy: Grand Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Yes.

Mental defect: Imbecile, low grade.

Psychosis: None.

CASE No. 655 — MALE

Heredity: Father a moderate alcoholic. One sister a sleep-walker. One half-brother, chorea. Maternal grandmother "bad disposition." One paternal uncle alcoholic criminal, divorced, showed wanderlust. One paternal cousin infantile convulsions. Paternal great-grandfather was a linguist and foreign diplomat.

Odd or anti-social conduct, drug habit, alcoholism: Thievish. Untruthful. Delinquent. Good-natured, with recurring periods of peevishness. Tendency to wanderlust.

Physical disease or handicap other than epilepsy: None.

Etiology other than heredity: Possibly whooping cough (severe).

Type of epilepsy: Grand and Petit Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Yes. Memory impaired.

Mental defect: No intelligence capacity defect. Passed Binet-Simon test at adult age.

Psychosis: None.

CASE No. 656 — MALE

Heredity: One brother is a heavy tobacco user (the patient smoked when very young); also quick-tempered. One brother high-tempered, "does not know what he is doing when angry;" also smoked since very young (tendency to substitutive reactions).

One brother smoked a great deal and died of angina pectoris. Mother had enlarged thyroid.

Odd or anti-social conduct, drug habit, alcoholism: Heavy smoker.

Physical disease or handicap other than epilepsy: Constitutionally inferior.

Etiology other than heredity: Fright by an aeroplane which swooped down and seemed about to strike him, at age of 13 years. It is not positively known that slight epileptic seizures had not preceded this incident.

Type of epilepsy: Grand Mal.

Prognosis from standpoint of future dependency: Good.

Deteriorated? No.

Mental defect: No intelligence capacity defect. Egocentric. Epileptic mental make-up. Infantile reactions.

Psychosis: None.

CASE No. 657 — MALE

Heredity: Mother feeble-minded and nervous, also had headaches. Rheumatism in both parents. Maternal aunt had epilepsy. Two brothers had epilepsy, both also feeble-minded and were cared for as dependents in a charitable "home."

Odd or anti-social conduct, drug habit, alcoholism: None.

Physical disease or handicap other than epilepsy: Constitutionally inferior. Flat-footed.

Etiology other than heredity: Digestive disturbance.

Type of epilepsy: Grand and Petit Mal.

Prognosis from standpoint of future dependency: Fair.

Deteriorated? Slightly.

Mental defect: Slight. Moron of high grade.

Psychosis: None.

CASE No. 658 — FEMALE

Heredity: Father's father died at 72 years of cerebral hemorrhage. His brother was alcoholic. Mother tubercular and syphilitic. One maternal aunt chorea in childhood. Two maternal uncles were tubercular. Maternal grandmother tubercular. Maternal grandfather was insane and committed suicide.

Patient's brother died of "cerebral congestion" in infancy. One sister died of tuberculosis. Patient's father was "nervous," syphilitic, and died of "cerebral tumor" (possibly gumma).

Odd or anti-social conduct, drug habit, alcoholism: Difficult to control and restless. Ran away from home. Untruthful.

Physical disease or handicap other than epilepsy: Prominent abdomen as infant. (Rachitic?)

Etiology other than heredity: Paternal syphilis, and scarlet fever.

Type of epilepsy: Grand and Petit Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Yes.

Mental defect: No intelligence capacity defect. Binet-Simon test XIII years.

Psychosis: None. Developed periods of amnesia.

CASE NO. 659 — FEMALE

Heredity: Maternal grandmother died of "cancer of the bowels." Father a moderate drinker. One brother an alcoholic, had delirium tremens. One maternal uncle wanderlust and disappeared.

Odd or anti-social conduct, drug habit, alcoholism: Untidy about room and person. She was a sex offender and married a tubercular, alcoholic man. He became intoxicated while in a hospital for tuberculosis. Had been in Oneida County Almshouse as he was dependent from tuberculosis as well as alcoholic.

Physical disease or handicap other than epilepsy: Chronic constipation.

Etiology other than heredity: Whooping cough at 6 years (?). Typhoid fever at 12 years(?). First epileptic seizure at 17 years without definite precipitating cause.

Type of epilepsy: Grand Mal.

Prognosis from standpoint of future dependency: Poor. Institutional case.

Deteriorated? No.

Mental defect: No intelligence capacity defect. Can calculate rapidly and accurately passed Binet-Simon test at XV years.

Psychosis: None. As early as 14 years showed marked sex cravings and became a sex offender.

CASE No. 660 — FEMALE

Heredity: Father had rheumatism and cardiac trouble (cardio-vascular complex). Mother had convulsions at 12 years of age. Died of "stroke," (cardio-vascular complex) at 47 years. One maternal uncle alcoholic and rheumatic cripple. One maternal uncle alcoholic. One maternal uncle "nervous," "had convulsions," and "died of stroke." Maternal granduncle epileptic. One maternal uncle died of Bright's disease. Patient's mother had 3 living children and 3 miscarriages. The presence of recessive unit characters which determine a cardio-vascular-renal physical complex, with "stroke," and "heart trouble" in two cases, associated with convulsions, should be noted.

Odd or anti-social conduct, drug habit, alcoholism: Irritable. Sometimes violent (due to an abnormal mental state). At times she would draw up her knees and scream, without loss of consciousness.

Physical disease or handicap other than epilepsy: Left-sided weakness.

Etiology other than heredity: None known. Convulsions began with teething at 1½ years, followed by a left hemiplegia for 9 months, with permanent residuals.

Type of epilepsy: Grand Mal. Convulsions ushered in with teething subsided until puberty and then became characteristically epileptic.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Yes.

Mental defect: Feeble-minded.

Psychosis: Inclined to run away as a child (fugue?).

CASE No. 661 — FEMALE

Heredity: Records incomplete. Nothing known of ancestors.

Odd or anti-social conduct, drug habit, alcoholism: Occasionally irritable. At times disturbed due to mental state. Gait spastic. Had been a patient in the Syracuse State Institution and the Newark State Custodial Asylum for Feeble-minded Women 30 years ago, and was transferred to Craig Colony 8 years later.

Physical disease or handicap other than epilepsy: Chronic bronchitis.

Etiology other than heredity: Unascertained.

Type of epilepsy: Grand and Petit Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Yes.

Mental defect: Imbecile. There is a primary congenital mental defect. Upon this has been superimposed deterioration. This may be an organic condition as she was noted as having a "spastic gait"; muscle wasting of anterior-tibial group and inversion of feet — muscular spasm present. It was not ascertained whether this condition was congenital or due to an acquired disorder.

Psychosis: None.

CASE No. 662 — MALE

Heredity: Father miserly, stubborn, cyclic alcoholic (cyclic loss of inhibition). Mother tubercular. One paternal uncle cataract. One maternal uncle "rheumatism" and alcohol. This man had one daughter an epileptic and dependent at Craig Colony. Patient had one brother stubborn. Patient married a woman with defective eye-sight (he carried recessive unit traits for defective vision). This couple had 3 children. Two have defective eyes and are retarded in school, and one is feeble-minded.

Odd or anti-social conduct, drug habit, alcoholism: Ugly, would strike his wife; disposition changed and gave up occupation.

Physical disease or handicap other than epilepsy: Varicocèle of left testicle.

Etiology other than heredity: Unknown.

Type of epilepsy: Petit Mal. First marked attack of epilepsy occurred one month after marriage (sex maladjustment), but had masked attacks as "nightmare" for years previous.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Yes.

Mental defect: Moron. Binet-Simon test X years.

Psychosis: Epileptic dementia. Periods of confusion following seizures. Very irritable previous to seizures.

CASE No. 663 — FEMALE

Heredity: Father died of paralysis at the age of 49 (syphilitic? general paresis?). He was a periodic alcoholic. One paternal uncle was a rough unskilled cook, known as "queer," possibly feeble-minded, and very alcoholic." Died of a cardio-vascular disorder with cardiac hypertrophy. One paternal uncle was "queer." He was an alcoholic sex offender, an imbecile who committed an assault upon his niece, the patient, by whom she became pregnant for an illegitimate child. This man was married to an epileptic and feeble-minded woman, also alcoholic and insane, by whom he had three children who are cousins of the patient. One of these children is anti-social, first sent to a State reform school and then was committed as insane and sent to a State hospital. Was a constitutional psychosis with five admissions and discharges. Was often in the almshouse and was a dependent on public funds. The patient's mother was insane and had been a dependent in the almshouse.

Odd or anti-social conduct, drug habit, alcoholism: Had an illegitimate child when 24 years old. The father was the girl's paternal uncle who is a feeble-minded man.

Physical disease other than epilepsy: None.

Etiology other than heredity: Unknown.

Type of epilepsy: Grand Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? No.

Mental defect: Low grade imbecile. Binet-Simon test IV years.

Psychosis: None.

CASE No. 664 — FEMALE

Heredity: Father has a police record and is alcoholic. One maternal aunt had "fainting spells," probably epileptic, and became insane. Cared for in Utica State Hospital. One maternal aunt had cancer. Brother had infantile convulsions and is peculiar; was in Utica Orphan Asylum, as was also one other brother.

Odd or anti-social conduct, drug habit, alcoholism: Disagreeable at times. Was a dependent in the Oneida County Almshouse.

Physical disease or handicap other than epilepsy: Hearing subnormal.

Etiology other than heredity: Scarlet fever at 2 years; whooping cough (severe), age unknown.

Type of epilepsy: Grand Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Yes. Memory affected.

Mental defect: Moron. Binet-Simon test XI years.

Psychosis: None.

CASE No. 665 — FEMALE

Heredity: One sister tubercular. One niece had strabismus. Patient's two children are both inmates of orphan asylums; one child has hare-lip.

Odd or anti-social conduct, drug habit, alcoholism: Sulky and at times irritable. Was a dependent in Oneida County Almshouse. She married a man who became a dependent in the Oneida County Almshouse, with tuberculosis. She had one illegitimate child, said to be by her own father.

Physical disease or handicap other than epilepsy: None.

Etiology other than heredity: Unknown.

Type of epilepsy: Grand Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? No.

Mental defect: Moron, illiterate.

Psychosis: None.

CASE No. 666 — MALE

Heredity: Mother insane. Father died of Bright's disease. Patient had one brother insane and committed suicide by cutting throat. One brother insane and committed suicide by hanging. One brother feeble-minded. One brother feeble-minded and epileptic. One paternal cousin alcoholic. One niece feeble-minded. One niece epileptic. One niece feeble-minded and committed suicide by poison. One niece illegitimate, alcoholic. One child of patient's paternal cousin was "nervous." One child of patient's paternal cousin committed suicide by carbolic acid.

Odd or anti-social conduct, drug habit, alcoholism: Irritable, depressed, emotional. Very jealous during courtship.

Physical disease or handicap other than epilepsy: Inguinal hernia.

Etiology other than heredity: Unknown.

Type of epilepsy: Grand and Petit Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Somewhat. Unable to keep up his usual business activities, due to failing mentality.

Mental defect: Mental condition fair. Good school progress.

Psychosis: None.

CASE No. 667 — FEMALE

Heredity: Father deserted family. Mother is "nervous." Patient is one of twins, other twin normal.

Odd or anti-social conduct, drug habit, alcoholism: Irritable.

Physical disease or handicap other than epilepsy: Right hemiplegia.

Etiology other than heredity: Infantile paralysis.

Type of epilepsy: Severe (Grand Mal?)

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Yes.

Mental defect: Imbecile. Never spoke distinctly.

Psychosis: Acute hysteria (Utica State Hospital).

CASE No. 668 — MALE

Heredity: Mother had "asthma." History incomplete.

Odd or anti-social conduct, drug habit, alcoholism: Gluttonous.

Physical disease or handicap other than epilepsy: Traumatic cataract with scar of cornea. Pupil displaced downward and inward, distorted in shape. Almost blind. Pupils react sluggishly to both light and accommodation. Lumbar lordosis. Flat-footed, both sides.

Etiology other than heredity: Unascertained.

Type of epilepsy: Grand Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Yes.

Mental defect: Low grade imbecile. Memory affected. No interest in surroundings. Fairly well-behaved. Binet-Simon test II 6/12 years

Psychosis: Had visual hallucinations at infrequent intervals, whether as a result of epileptic seizures or as an "equivalent" is unknown. Records are not definite on this point.

CASE No. 669 — MALE

Heredity: Maternal grandmother died of tuberculosis. Father, a pompous and proud man, died of Bright's Disease. Mother was bright but "peculiar," later lived like a hermit, inactive, appeared to deteriorate and became very seclusive. One paternal uncle alcoholic. One paternal uncle had "palsy." One paternal uncle was a cripple from rheumatism. Patient had one brother with "eczema" and was "nervous": one other brother had rheumatism and "palsy."

Odd or anti-social conduct, drug habit, alcoholism: Unsociable. Will not work. Castrated.

Physical disease or handicap other than epilepsy: Slightly deaf.

Etiology other than heredity: Unknown.

Type of epilepsy: Grand mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Yes.

Mental defect: Moron.

Psychosis: Yes. "Epileptic psychosis." Utica State Hospital was overly religious. Had primitive infantile tastes.

CASE No. 670 — FEMALE

Heredity: Father was alcoholic and died of "stroke." One sister, periodic sick headaches. One niece, chorea. One niece epileptic, three alcoholic, and two tubercular. This patient is the paternal aunt of Case No. 650, female, previously described.

Odd or anti-social conduct, drug habit, alcoholism: No unusual symptom-behavior.

Physical disease or handicap other than epilepsy: Poorly nourished.

Etiology other than heredity: None.

Type of epilepsy: Petit Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Yes.

Mental defect: Moron, Binet-Simon test X years.

Psychosis: Tendency toward epileptic deterioration.

CASE No. 671 — MALE

Heredity: Mother had a bad temper and died insane at 53 years by suicide. Father died of cerebral hemorrhage at 79 years. Paternal grandmother insane for 40 years "following an accident." Paternal grandfather died at 84 years with paralysis. (Vascular disorder.) One paternal aunt had heart trouble and died from apoplexy at 72 years of age. Patient had one brother who had defective eyesight.

Odd or anti-social conduct, drug habit, alcoholism: No anti-social conduct. Hypochondriacal.

Physical disease or handicap other than epilepsy: Symptoms of tuberculosis.

Etiology other than heredity: Unknown.

Type of epilepsy: Grand and Petit Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? No.

Mental defect: Moron.

Psychosis: None.

CASE No. 672 — FEMALE

Heredity: Paternal grandfather, bad temper. Two maternal uncles alcoholic. Patient has one sister subject to headaches; one brother is an epileptic and feeble-minded.

Odd or anti-social conduct, drug habit, alcoholism: Irritable at times. Had been a dependent in the Rome State Custodial Asylum since the age of 15 years.

Physical disease or handicap other than epilepsy: Constitutionally inferior. Syphilis. Ulcers on dorsum of toes of both feet. Anemia. Died of purpura hemorrhagica.

Etiology other than heredity: Unknown.

Type of epilepsy: Grand Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Yes.

Mental defect: Idiot. Cannot care for self. Unclean. Ecolalia.

Psychosis: None.

CASE No. 673 — MALE

Heredity: Mother insane, in Utica State Hospital.

Odd or anti-social conduct, drug habit, alcoholism: None. Too low mentally.

Physical disease or handicap other than epilepsy: Double talipes planus. Slightly deaf. Cannot talk.

Etiology other than heredity: Unknown.

Type of epilepsy: Grand Mal.

Prognosis from standpoint of future dependency: Poor.

Deteriorated? Yes.

Mental defect: Idiot. Cannot care for self. Snaps fingers and makes grimaces.

Psychosis: None.

CHAPTER XIII

DEPENDENCY AND INSANITY

Natives or Residents of Oneida County Cared for in Hospitals for the Insane.

The term "insanity" is essentially of legal significance. The law is chiefly interested in determining the facts of responsibility for conduct. The physician and sociologist on the other hand are interested not only in the responsibility of the individual for any conduct on his part, but also in the reasons why such odd conduct originated regardless as to the degree of responsibility accompanying it. We may arrive at a more comprehensive viewpoint of this subject if we adopt the attitude of looking at the insane as simply human beings who from varying causes find themselves thinking in certain ways which seem odd or unusual to the rest of us. The queer notions, the delusions and hallucinations, the changes in the feeling tone (the affect) which accompany such ideation all mirror themselves in the symptom-behavior of the patient and hence conduct develops which has in view the accomplishment of this unusual ideation, or in other words the striving to attain the deep wish-trends of the personality. These wish-trends are for the most part formulated in the deep sub-conscious mental life of the individual and their influence on subsequent conduct produces results which often appear very inconsistent to that same individual's surface personality. This accounts for the change in talk, attitude and behavior such an individual presents when he appears before us as a patient suffering from one of the various forms of "insanity."

Insanity or mental disorder may be broadly considered to fall into two categories: (1) those cases dependent upon actual and definite changes in the brain and spinal cord; and (2) those cases which develop odd ways of thinking as the expression of inadequacy of reaction to life as they find it; a reaction type which is dependent upon innate constitutional deviations of personality or individual make-up. In the first [organic] group fall such cases

of insanity as are due essentially to bacterial (micro-organism) invasion; or to the breaking down of one or more of the various physical "organs" of the body, [i. e. the brain and cord and also, notably, the blood-vessels, heart, kidneys, and thyroid gland]; or the failure in function of other organs particularly those associated with metabolism as a whole; and the effect of poisons originating either inside the body from perversion of organ function or those which are taken in from the outside as alcohol or other drugs and chemicals. There is another organic group which comprises cases due to destructive accident or "trauma" whereby the brain, cord or some other associated organ suffers partial or complete loss of substance with resulting disturbance of function. When, after trauma, there is no actual organic disturbance of organ substance yet nevertheless a psychosis develops we feel that the symptoms are due to an underlying constitutional peculiarity.

The insanity (psychosis) of those individuals which falls into the second or constitutional group may be spoken of as the expression of inadequacy of reaction to life as their environment shapes it. This group embraces all those cases whose symptom-behavior is due to constitutional deviations, or twists of make-up founded upon developmental possibilities [unit character traits] received from ancestors and moulded by the environment in which that person lived from his first moment of life.

It is not our purpose to discuss this differentiation further. The reason for bringing it to public notice at this point is to draw attention to the essential difference between the cases of dependency due to a psychosis *dependent upon constitutional weaknesses* (in which heredity plays a large and very practical part) and those psychoses *due more essentially to acquired or accidental factors* (not directly dependent upon traits transmitted from ancestors). The constitutional types of insanity interest us on account of the appearance of other allied mental or physical disorders with an etiology of developmental weakness among the relatives of these cases, who have become dependent from mental causes *other* than insanity. The occurrence of cases of insanity due to the invasion of micro-organism (such as general paresis due to the micro-organism of syphilis) does not necessarily delete all refer-

ence to hereditary factors for we have seen in previous cases of dependency how there appears to be evidence of certain fairly definitely demonstrable recessive unit characters which when transmitted from ancestors determine an organ weakness in the direction of lack of resistance to bacterial invasion. These traits are fairly distinct from others which determine an organ weakness on the side of developmental failure either in the sense of organ structure or of organ function. Through the last named may be included the subtle forces responsible for the architecture of personality which having received certain undesirable unit characters in its inheritance is unable to cope with reality as it exists and is, therefore, constantly in danger of failing to make the full and adequate reactions necessary for "normal" symptom-behavior and is especially prone to break down during the time of added stress in the great physiological periods of life, i. e. puberty and the menopause. The question of ascertaining the exact causal factor which precipitates the mental breakdown in a personality so disposed constitutes the whole problem of prophylaxis in mental hygiene, after all of the causal factors relating to the primitive development of the personality through heredity have been ascertained. Future generations are to be protected in this connection through eugenic mating.

Of the causes of insanity *other than* heredity among first admissions to State Hospitals for the fiscal year of nine months ending June 30, 1916, for the whole state of New York the following are listed in the report of the State Hospital Commission:

Admissions, total cases	4903
Alcohol	506
Syphilis	709
Drugs	20
<i>Abnormal make-up</i>	1488
Injury to head	41
Acute illness	13
Childbirth	44
Senility	498
Arterio sclerosis	586
Epilepsy	23

Death in family.....	64
Loss of employment and financial loss.....	97
Disappointment in love.....	50
Other specified causes	607
Unascertained	1192

The outstanding figure in this list is 1488; the number of cases due to "*abnormal make-up*." It would seem to suggest that environmental stress finds most of its victims in those who are *constitutionally predisposed* to mental breakdown through having *innate deviations of make-up*. We have seen in our other cases what the possibilities are in the way of transmittable unit characters from ancestors which go to make up the individualistic personality of progeny. The problem to be solved in the case of the insane from the standpoint of dependency is that of ascertaining those persons in the community who find difficulties in making their mental adjustments to the conflicts of every-day life. They must be guided away from situations which they will be unable to handle in an adequate manner and placed in surroundings which will eliminate their particular difficulties. Incidentally it is of practical value to the State to see that matings between such predisposed persons are discouraged for the sake of future generations. The 1916 report of the State Hospital Commission (page 461) shows that of all the various types of psychoses diagnosed on first admissions, the percentage of cases having a family history of insanity, nervous diseases, neuropathic or psychopathic traits was 49.9 per cent or almost exactly one-half of the total number treated and states further that "the facts set forth in the table cannot be considered as presenting a fair statement of the influence of heredity in causing the various psychoses. The histories of many of the cases are incomplete, and verification of data received from relatives and patients is in most cases impossible. . . . It is probable that more thorough research would show a still larger percentage of cases with unfavorable family history."

In this connection let us recall that when in addition to the cases of frank insanity in ancestors one includes heritable factors such as recessive unit characters for organ weakness of the *cardio-vascular-renal* apparatus and organ weakness on the *developmental side* (particularly for brain, cord and the endocrine

glands) it becomes evident that there are many heritable factors which through determining constitutional deviation in the individual's personality predispose to the development of insanity. Such a personality needs very little in the way of environmental stress to upset its (predisposed) unstable qualities for adequate mental adjustment. Normal symptom-behavior at once changes under such precipitating causes. Clinical "symptoms" appear connoting physiological stress, accompanied by "behavior" of anti-social type either in the sense of odd conduct or economic disability. In order to ascertain the whereabouts of Oneida County natives or residents who were incapacitated by a psychosis during the three-year period 1915-1916-1917 inquiry was made to the superintendent of every institution caring for such cases in this state. The following table gives the results thus obtained. As might be expected the bulk of such cases were cared for in institutions in or near Oneida county. The Bureau of Analysis and Investigation takes this opportunity of thanking the State Hospital Commission, the superintendents of the New York State Hospitals and the physicians in charge of the various private licensed institutions for their kind cooperation with this Board in relation to the Oneida County cases of insanity under their care.

UTICA STATE HOSPITAL

Oneida County cases cared for: year 1915, 124; year 1916, 124; year 1917, 137.

Of the 124 cases treated in the official year, 1915: 1 showed anti-social conduct; 8 alcoholism; 1 drug habits; 1 epilepsy; 1 chorea; 13 mental defect and 22 showed further economic handicap by a disease such as tuberculosis; 77 were insane without complication. Of the 124 cases treated in the official year, 1916: 1 showed anti-social conduct; 8 alcoholism; 6 epilepsy; 7 mental defect and 19 showed further economic handicap by a disease such as tuberculosis; 83 were insane without complication. Of the 137 cases treated in the official year, 1917: 21 showed alcoholism; 1 drug habits; 4 epilepsy; 4 mental defect and 19 showed further economic handicaps by a disease such as tuberculosis; 83 were insane without complication.

These cases including those showing complicating factors, were all economic dependents either upon the State or upon friends and relatives. The cause of the dependency in each case was insanity. The degree of dependency is indicated as follows:

	Official year 1915	Official year 1916	Official year 1917
Wholly at State expense.....	94	106	108
At State expense but who made partial reimbursement.....	13	5	9
Who reimbursed in full.....	16	12	19
Wholly at county expense.....	1		
Wholly at private or philanthropic expense.....		1	1
Total.....	124	124	137

BINGHAMTON STATE HOSPITAL

Oneida County cases cared for: year 1915, 7; year 1916, 7; year 1917, 7.

Of the 7 cases treated in the official years 1915-17: 1 showed anti-social conduct (suicide); 2 alcoholism; 2 showed further economic handicap by a disease such as tuberculosis; 1 showed further economic handicap by having both legs amputated.

These 7 cases, including those showing complicating factors, were all complete economic dependents due to insanity.

The degree of dependency is indicated as follows:

	Official year 1915	Official year 1916	Official year 1917
Wholly at State expense.....	7	7	7

The extent of time during which a psychosis may exert a crippling force on the economic value of the individual is well illustrated by briefly reviewing the summary of each of these 7 cases.

CASE 865 — MALE

Patient admitted to Rome State Custodial Asylum in 1889 (then caring for the insane). Transferred to the Utica State Hospital in 1894. He was then about 32 years of age. Transferred to the Binghamton State Hospital in 1905. He was still living in 1917, having been a dependent for 28 years. Diagnosis: dementia praecox.

CASE No. 866 — MALE

Patient admitted to the Utica State Hospital in 1897. He was then about 40 years of age. He made homicidal assaults and also attempted suicide. Transferred to Binghamton State Hospital in 1905 and was still living in 1917, having been a dependent for 20 years. Diagnosis: dementia praecox.

CASE No 867 — MALE

Patient admitted to the Oneida County Asylum in 1887. He was then about 22 years of age. Later transferred to the Utica State Hospital and in 1905 to Binghamton State Hospital. He was still living in 1917, having been a dependent for 30 years. Diagnosis: dementia praecox.

CASE No. 868 — MALE

Patient admitted to the Binghamton State Hospital in 1911. He was then about 65 years of age. He had been an excessive alcoholic for the 10 years just prior to admission and had developed arterio-sclerosis. He was still living in 1917, having been a dependent for at least 6 years. Diagnosis: senile psychosis, simple deterioration.

CASE No. 869 — MALE

Patient admitted to the Oneida County Asylum in 1890. He was then about 34 years of age. In 1894 he was transferred to the St. Lawrence State Hospital and to the Binghamton State Hospital in 1907. He was still living in 1917, having been a dependent for 27 years. Diagnosis: dementia praecox.

CASE No. 870 — MALE

Patient admitted to the Oneida County Almshouse in November, 1900. He was later admitted to the Utica State Hospital, November 14, 1900, and transferred to the St. Lawrence State Hospital in 1901. In 1907 he was transferred to the Binghamton State Hospital. He is now 82 years of age having been a dependent for 17 years. He has for years been seclusive, gradually deteriorated and showed no spontaneity. Diagnosis: dementia praecox.

CASE No. 871 — FEMALE

Patient admitted to the Utica State Hospital in 1912. She is now about 27 years of age and has been a dependent for nearly six years. Diagnosis: dementia praecox.

These seven cases have collectively been dependents for 128 years. The per capita cost, averaged for all hospitals under the State Hospital Commission, was \$210.25 per year for the official year ending September 30, 1915. This was a "before the war" expenditure. At this rate the seven Oneida County patients here recorded have to date cost the State a maintenance charge of approximately \$26,912.00.

Recalling the figures given in the 1916 report of the State Hospital Commission as to the findings on heredity among state hospital admissions it follows that no less than one half of the total sum of all maintenance money is expended on dependents the cause of whose *economic helplessness is due to transmitted heritable traits* which have determined the various forms of the crippling mental disorder. When we see by the same commission's report for the year ending September 30, 1915, that \$6,844,746.48 was expended for the care of the insane in the State of New York we can calculate that at least \$3,000,000 of that yearly budget was entailed to the tax payers through breeding human progeny from ancestors carrying recessive unit character traits which, transmitted to descendants, determined their mental deviation. Cacogenic matings mean in this state alone no less than \$3,000,000 a year loss in maintenance charges alone, to say nothing of the financial loss to society involved by the loss of the incapacitated individual's earnings. And this great sum of money applies only to those cases of dependency caused by insanity alone. Mental deviation in the sense of an intelligence capacity defect and affective deviation easily equals the same stupendous amount of money and social loss.

GOWANDA STATE HOSPITAL

Oneida County cases cared for: year 1915, 18; year 1916, 15; year 1917, 15.

Of the 18 cases treated in 1915: 17 were diagnosed dementia praecox and 1 epilepsy with insanity. Of the 15 cases treated in

the year 1916: 14 were diagnosed dementia praecox and 1 epilepsy with insanity. Of the 15 cases treated in the year 1917: 14 were diagnosed dementia praecox and 1 epilepsy with insanity. In 1915, 17 cases were supported wholly at state expense, 1 reimbursed in full. In 1916 and 1917 there were 15 cases treated in each year, all wholly at State expense.

ST. LAWRENCE STATE HOSPITAL

Oneida County cases cared for: year 1915, 53; year 1916, 52; year 1917, 49.

Of the 53 cases treated in 1915: 3 showed alcoholism, 7 mental defect, 4 epilepsy, 12 had some physical disease as a further economic handicap such as tuberculosis, and 27 showed uncomplicated insanity. Of the 52 cases treated in 1916: 2 showed alcoholism; 7 mental defect, 4 epilepsy, 12 had some physical disease as a further economic handicap such as tuberculosis and 27 showed uncomplicated insanity. Of the 49 cases treated in 1917: 2 showed alcoholism, 7 mental defect, 4 epilepsy, 10 had some physical disease as a further economic handicap such as tuberculosis and 26 showed uncomplicated insanity. In 1915, 52 cases were supported wholly at State expense and 1 made partial reimbursement. In 1916, 50 cases were supported wholly at State expense, 1 made partial reimbursement and 1 reimbursed in full. In 1917, 47 cases were supported wholly at State expense, 1 made partial reimbursement and 1 reimbursed in full.

MIDDLETOWN STATE HOSPITAL

Oneida County cases cared for: year 1915, 6; year 1916, 6; year 1917, 6. For each year period the diagnoses given were:

Manic-depressive psychosis	1
Mental defect with insanity.....	1
Paranoid condition	1
Psycho-neuroses	1
Senile psychoses	2
Total.....	<u>6</u>

Of these cases, 4 were supported wholly at State expense, 1 made partial, and 1 made full reimbursement.

BUFFALO STATE HOSPITAL

Oneida County cases cared for: year 1915, 1; year 1916, 2; year 1917, 2.

Of these cases, all were supported wholly at State expense.

HUDSON RIVER STATE HOSPITAL

Oneida County cases cared for: year 1915 none; year 1916, none; year 1917, 1. This one case was supported wholly at State expense.

WILLARD STATE HOSPITAL

Oneida County cases cared for: year 1915-1917, one. Diagnosis dementia praecox. He was supported wholly at State expense.

CASE No. 872 — MALE

This case, like many others, is illustrative of the close relationship from the standpoint of economic loss between mental defect and a psychosis wherein the mental deviation is founded upon constitutional peculiarities of personal make-up. This man was passing through the middle period of life when he appeared at the Albany County almshouse in 1880. His insanity was recognized and he was accordingly admitted to the "State Lunatic Asylum" (as it was then called) in Utica three months later. Two years after that he was transferred to the Oneida County Insane Asylum (returned to county care) where he remained until 1883 when he was admitted to Willard. He had deteriorated, showed odd mannerisms, was quite unproductive and never occupied himself. He has been an economic loss to society and wholly dependent upon the State for the past 37 years. The cause of this dependency is the constitutional type of psychosis, dementia praecox. Dementia praecox types of mental deviation appear to be transmitted from ancestors in the sense of a recessive character. The possible influence of accompanying endocrine gland disorders may be based both upon [other] recessive heritable traits which determine specific organ weakness on the developmental side; and also upon other less clear, inter-related, physiological factors in post-natal life.

No other natives or residents of Oneida County were found in the State Hospitals in this State receiving patients on civil commitments.

CRIMINAL INSANE

Concerning Oneida County cases committed to a State Hospital after sentence for crime the following seven individuals were found to be receiving care in the Dannemora State Hospital. All of these cases are supported wholly at State expense.

CASE No. 873 — MALE

Born about 1854 in Switzerland, sentenced for murder second degree to Auburn prison, admitted to Matteawan State Hospital in 1900 and transferred to the Dannemora State Hospital in 1901. He showed odd conduct, decorated self, grew apathetic and deteriorated. He has been a dependent due to insanity and anti-social conduct for over 17 years. Diagnosis, *dementia praecox*.

CASE No. 874 — MALE

Born about 1863 in Italy, sentenced for murder second degree to Auburn prison and admitted to the Dannemora State Hospital in 1904. He has been a dependent due to insanity and anti-social conduct for over 13 years. Diagnosis, *dementia praecox*, paranoid form.

CASE No. 875 — MALE

Born about 1877 in New York State, sentenced for abduction to Auburn prison, and admitted to Dannemora in 1907. He has been dependent due to insanity and anti-social tendencies for over 11 years. Diagnosis, *dementia praecox*.

CASE No. 876 — MALE

Born about fifty years ago in New York State, committed manslaughter first degree and after sentence to prison was admitted to Dannemora. He was the father of seven children. It is not known just how long he has been dependent. Diagnosis *alcoholic psychosis*, deterioration.

CASE No. 877 — MALE

Born about 1869 in Sweden, sentenced for assault second degree, reached Great Meadow prison and from there was admitted to Dannemora in 1912. He has been a dependent for over 6 years to date. Diagnosis, paranoic condition.

CASE No. 878 — MALE

Born about 1875 in Italy, sentenced for assault first degree to Clinton prison and was from there admitted to Dannemora in 1912. He has been a dependent for over 6 years. Diagnosis, dementia praecox.

CASE No. 879 — MALE

Born about 1889 in Italy, sentenced for grand larceny, second degree to the Eastern New York Reformatory and admitted to Dannemora in 1912. He had been a dependent for over 6 years. Diagnosis dementia praecox.

CASE No. 880 — MALE

Born about 1888 in Italy, he was sentenced to Auburn prison for violation of section 1897 of the penal law and admitted to Dannemora in 1914. He has been a dependent for over 4 years. Diagnosis, dementia praecox.

The patients at the Dannemora State Hospital are received entirely from the prisons, reformatories and penitentiaries where they have been sentenced for committing a felony. They are wholly supported by the State. Of the seven cases recorded from Oneida County only two were born in New York State; the other five were residents but not natives of Oneida County.

Matteawan State Hospital receives insane patients showing criminal tendencies. For the official year October 1, 1914 to September 30, 1915, one man was admitted to the hospital from Oneida County. For the official year September 30, 1915 to June 30, 1916 (9 months only) two men were admitted from Oneida County. For the official year July 1, 1916 to June 30, 1917, one man and one woman were admitted from Oneida County. At the close of this period there was an accumulated

total of 13 men and 3 women, residents of Oneida County under treatment as insane patients in this institution.

INSANE IN PRIVATE INSTITUTIONS

Concerning the insane in private institutions we know of course that they are not dependent upon public funds; but as this survey is interested in the dependency of the individual as related to the crippling of his economic capabilities through mental or physical disease, disorder, or defect it seems proper to record the number of such cases found even though the potential dependency entailed by their mental disorder has been covered through the surplus of their own estate or through the philanthropy of relatives or friends.

INSTITUTION	Official year 1915 Oneida cases	Official year 1916 Oneida cases	Official year 1917 Oneida cases
Brigham Hall.....	6	2	3
Marshall Sanitarium.....	1	1	1
Society of the New York Hospital.....	1	1	1
Dr. Bolton's Home.....	1	1	1
Total.....	8	4	6

We thus find that during the official year periods 1915-17 for all types of institutions that 241 insane individuals from Oneida County were cared for in 1915, 234 in 1916, and 247 in 1917. At the "before the war" rate of \$210.25 maintenance cost per annum as reported by the State Hospital Commission for all the State hospitals for the year ending September 30, 1915, these Oneida County patients, dependent by reason of insanity, were a cost on either public or private funds to the extent of approximately \$172,825.50 during the three-year period mentioned. As the majority of them are suffering from psychoses with a rather poor outlook for mental rehabilitation the fact of further dependency from the same cause may be looked upon as settled. Thus is emphasized the great value of social and mental prophylaxis in all such cases and the need of utilizing all methods which will assist the patient to make adequate mental adjustment to the demands of life and in so doing assist him to continue as a con-

structive economic unit in the community. It will be noted that the various patients described in this chapter all show for the most part a protracted period of hospital residence or in other words the period of their dependency as due to insanity has been practically the best part of the active constructive period of their entire life. Also, that the majority of these same patients have been diagnosed as cases of dementia praecox. In the light of these facts it is of interest to review the findings of the New York State Hospital Commission in relation to this particular psychosis. The twenty-seventh annual report of this Commission which corresponds to the first official year period of this survey, namely 1914-1915 states in discussing the problems of the insane for the whole state: "The dementia praecox group is constantly increasing. The number of first admissions assigned thereto in 1915 was 1,321; in 1914, 1,125; in 1913, 1,021 and in 1912, 919." A comparison of the per cent distribution of the principal psychoses in the several State hospitals for 1914-1915 is here given from the same report. Attention is drawn particularly to the Utica State Hospital which receives patients from Oneida County as compared to those receiving patients from the Metropolitan district in the south, the St. Lawrence River district in the north, Buffalo in the west, and Binghamton and Willard for the central manufacturing and agricultural zone.

PER CENT. DISTRIBUTION OF THE PRINCIPAL PSYCHOSES, OCTOBER 1, 1914-SEPTEMBER 30, 1915

HOSPITAL Official year 1914-1915	Dementia praecox	Senile psychoses	General paralysis	Alcoholic insanity	Manic- depressive
Utica (receiving Oneida County patients).....	16.1	13.0	10.5	5.7	9.3
Manhattan.....	20.7	7.8	17.1	4.1	8.9
St. Lawrence.....	13.4	11.8	9.2	7.3	13.7
Buffalo.....	18.2	13.0	11.8	8.5	11.5
Binghamton.....	13.7	9.5	4.7	8.5	4.7
Willard.....	6.5	20.8	5.2	7.4	22.1

For the same year (ending September 30, 1915), and according to the same report, the first admissions to State hospitals for the psychoses indicated for the whole State of New York had a history which showed either *insanity*, *alcoholism* or *nervous diseases in the family* [heritable traits] of the patient as follows:

PERSONS IN THE FAMILY SHOWING EITHER INSANITY, ALCOHOLISM OR NERVOUS DISEASES

Psychosis	Total Patients admitted	Father	Mother	Children	Brothers or Sisters	Paternal Grand-Parents	Maternal Grand-Parents	Uncles Aunts Cousins
Dementia praecox.....	1 331	258	122	3	146	30	24	180
Senile psychoses.....	570	46	25	26	66	5	4	24
General Paralysis.....	814	110	51	5	66	8	8	60
Alcoholic psychoses.....	345	105	43	4	67	4	4	40
Manic Depressive.....	658	117	43	11	83	17	21	107

The outstanding fact produced by this table is that the *psychoses dependent upon heritable constitutional deviations of make-up have by far the greatest number of individuals who as ancestors have actually here demonstrated that they were capable of transmitting such deviations as heritable recessive characters*; all of which is of the greatest practical importance in considering the ultimate causal factors of insanity and the dependency produced by it.

According to the statistics compiled by the State Hospital Commission and published under its three last annual reports, Insane patients, *residents of Oneida County* were received in the State Hospitals of New York State as follows:

First admissions, October 1, 1914—September 30, 1915, total 101. Rate per 100,000 of population 60.3.

Total of Oneida County patients under treatment at the close of the same official year, 583. Rate per 100,000 of the population 348.4. On the same date the rate per 100,000 of the population for the total number of insane residents of several other representative counties was as follows:

Albany.....	445.6
Bronx.....	62.7
Cayuga.....	386.3
Dutchess.....	472.3
Erie.....	346.2
Hamilton.....	66.8
Kings.....	352.3

THE CAUSES OF DEPENDENCY

393

Nassau	114.7
New York	526.4
Onondaga	305.2
Queens	193.5
Schenectady	232.2
Westchester	299.0

For the year following the report states: First admissions, October 1, 1915, to June 30, 1916, (9 months only) *Oneida County residents*, total admission 73. Rate per 100,000 of the population 43.0. *Total of Oneida County patients* under treatment at close of the same official period (9 months only) 582. Rate per 100,000 of the population 346.7.

On the same date—the close of the official year, (9 months only) the rate per 100,000 of the population for the total number of insane residents of several other representative counties was as follows:

Albany	437.9
Bronx	86.5
Cayuga	383.4
Dutchess	446.1
Erie	358.4
Hamilton	66.4
Kings	362.6
Nassau	119.2
New York	536.6
Onondaga	304.3
Queens	204.1
Schenectady	229.7
Westchester	282.1

For the official year July 1, 1916, to June 30, 1917, the report of the State Hospital Commission shows the following:

Oneida County residents, first admissions to all hospitals for the insane, total 114. Rate per 100,000 of the population 66.1.

Total Oneida County patients under treatment as insane patients at the close of the same official year, 594. Rate per 100,000 of the population 344.6.

On the same date — the close of the official year, the rate per 100,000 of the population for the total number of insane residents of several other representative counties was as follows:

Albany	448.3
Bronx	198.0
Cayuga	386.5
Dutchess	447.3
Erie	373.6
Hamilton	88.0
Kings	360.1
Nassau	124.1
New York	522.3
Onondaga	295.8
Queens	232.6
Schenectady	243.0
Westchester	281.0

These figures represent the incidence of hospital residence by insane patients for the counties indicated and do not show the actual ratio of persons in the community who may be psychotic, although they no doubt do so to an approximate extent for the reason that when symptom-behavior, due to a psychosis, becomes so odd or troublesome as to be of social import, hospital residence soon becomes imperative. It is for this reason that a hospital census of the insane is always much nearer the total for all psychotic individuals in the State than is the case with feeble-minded patients whose symptom-behavior is not so obvious, particularly for the higher types; and whose abnormal conduct moreover may be interpreted by an aggrieved public in the light of delinquency, felony and other anti-social acts (finale — the jail) rather than as the symptoms of a defective, psychopathic personality.

It is obvious how border-line cases can occur; psychoses developing on a basis of intelligence capacity defect. Then the patient finds himself in that no-mans-land of institutional administrative procedure with the hands of all men against him. The broadening of our views on the meaning of constitutional psychopathies, including more or less intelligence capacity defect and affective

imbalance will go far toward removing administrative misconception on the part of the institution officers as to the type of mental deviation suitable for admission to any one particular hospital, school, reformatory or other similar unit for mental, physical and social rehabilitation.

CHAPTER XIV

CRIME

Oneida County Residents Who Became Dependent Upon Public Funds as Prisoners in Penal Institutions

It may seem rather out of the ordinary to consider persons as dependents who while able-bodied and even self-supporting are removed from community activities by a court and sentenced to prison on account of their anti-social conduct.

For ages we have considered the criminal in the light of a person who has wilfully plotted the assault, or the theft, or the "crime" whatever it may be and whose conduct represented a "normal" person acting in a perverse and immoral manner. If we recall that conduct is the end product of all our conscious or subconscious thinking then we can get the viewpoint that abnormal conduct means *abnormal "thinking"* and that behind the criminal "conduct" stands the pathological personality.

Pathological deviations in make-up may show either as a simple intellectual capacity defect, or as affective instability, or as the projection of wish trends in personality through delusions and hallucinations (insanity), or as odd, delinquent, immoral or definitely anti-social conduct (the criminal).

Any one individual may belong to any one, or all, of these divisions. No matter how divergent the conduct of one individual from that of another, the meaning of all such odd conduct is essentially the same i. e. the inadequacy of the individual to make the proper psycho-physical reaction to the complex difficulties of life. Hence conduct arises which sets him apart from his fellows and points out for all to read who may, that here is a personality whose reactions to life are pathological in type. Such pathological types of "thinking" explain the queer traits, the judgment that shows such poor logic in its formulation, the lack of feeling tone toward the accustomed loves of life, the carelessness of opinion, the "hardening," the repetition of crime and hence the recidivist — the repeater with from one to dozens of previous sentences. In this connection it is well to remember that anti-social conduct as we know it represents an inadequate reaction to the conventions

(laws and customs) of our complex civilization and that much in the way of conventional misbehavior springs from badly managed cravings of primitive instincts such as that of sex (race preservation), of hunger (self-preservation), and all of that which refers back to ambitions for self, i. e. wishes for adornment, power, wealth, admiration and the like. We all have such "wishes" but by proper mental adjustment for the relative values of this or that contemplated fulfillment of the wish-idea we managed to preserve our conventional attitude before society and thus escape anti-social conduct. These deep subconscious wish-trends form the main current of our individual mental development and constantly dominate, direct and color our conscious intellectual life, which in turn is reflected in symptom-behavior of either a conscious or subconscious type.

Thus briefly, we may see why the old fashioned "criminal" is not only one who commits "crime" but is also a pathological personality that needs individual study if the real meaning of his criminality as to its causes is to be found.

Right here comes in the new meaning of dependency in such cases. We have had no difficulty in thinking of dependency as quite to be expected when related to a crippling physical disorder, or to mental defect or mental deviation in the sense of insanity. Is it not time for us to consider the dependency entailed by criminality as being at least allied to these other forms of physical or mental disorders?

When variations in the symptom-behavior of the individual run counter to the standards of his social group as determined by its laws the welfare of the whole group may require the removal of that individual even though the removal may make him (and his family) dependent upon that group for his support. The inmates of prisons and reformatories may, therefore, be considered as dependents in the sense that they have not only ceased to be units of constructive citizenship in their own group but through inadequate behavior must be removed from civil life and supported by public funds.

The data here presented was obtained from the records of the office of the District Attorney of Oneida County, by Investigator Miss Marion Collins.

The records of commitments to the New York State Reformatory at Elmira were taken from January 1, 1912 and those discarded where the dates of discharge were prior to July 1, 1914. Records of prison commitments were searched as far back as 1894 and those discarded who were discharged before July 1, 1914. Dates of discharges were furnished by the institutions to which the individuals were sent. An effort was made to have the records complete and accurate but as no effective system of checking was found available it is possible that some few errors may have occurred. Nevertheless, the findings are valuable as showing tendencies in the county which should be considered in conjunction with the other problems of dependency found there.

The court records show many individuals placed on probation. A complete study of the County in regard to crime would demand consideration of the probation cases as well as the cases committed to institutions. As the present study is one of dependency the cases who were placed on probation or given fines have been disregarded, although the fact of their potential dependency should be remembered and their type of anti-social conduct linked up with the type of conduct found in their parents and other relatives on the one hand and the environmental stresses found operating against such individuals on the other.

The individuals recorded in the following tables were all sentenced or committed to penal institutions through the medium of the Oneida County courts. Owing to certain mental traits making for wanderlust, intelligence defect, psychotic trends, commercial successes and commercial failures it was found that the courts handle not only Oneida natives but also individuals born outside the county who are now residents, individuals born outside the county who have been sojourning there and yet are not legal residents, and another large class of the temporary sojourners or drifters who form the flotsam and jetsam of our civilization. Our tables then represent the tribunals of democracy working through the Oneida county geographical district and have no specific bearing on the relative proportion of anti-social conduct between Oneida county natives and non-natives.

The New York State Reformatory at Elmira, N. Y.

The New York State Reformatory at Elmira receives young men between the ages of sixteen and thirty who have been convicted of felonies. Eighty-three individuals are represented in these records as present July 1, 1914, 1915, 1916, 1917, as follows:

Present July 1, 1914.....	14
Present July 1, 1915.....	30*
Present July 1, 1916.....	33
Present July 1, 1917.....	25

Age.—The range in the age of these eighty-three anti-social individuals represented in the figures above shows 49 or 56 per cent. of them to be *under twenty-one years* of age. (The most common form of insanity due to constitutional deviation i. e. dementia praecox, also develops during the young adult period.)

AGE CLASSIFICATION OF ONEIDA COUNTY COMMITMENTS TO
ELMIRA REFORMATORY FROM JULY, 1914 TO JULY, 1917

	<i>Age</i>	<i>Number</i>
Young Adult Period of Life	16.....	3
	17.....	11
	18.....	12
	19.....	12
	20.....	11
	21.....	9
	22.....	4
	23.....	6
	24.....	5
	25.....	4
	26.....	2
	27.....	2
	28.....	1
	29.....	1
	30.....	0
Total.....		83

* One admitted and discharged between July 1, 1916 and July 1, 1917.

Types of Crimes: Crimes against property make up the largest proportion, with a record of 52. Crimes against person number 29, while 2 indictments include both.

Previous convictions: Of the eighty-three individuals, twenty-six or nearly one-third had previous convictions. The distribution of ages of these recidivists is as follows:

<i>Age</i>	<i>Number of convictions</i>
16	4
17	5
18	5
19	2
20	1
21	2
22	3
23	2
24	1
25	1
26	1
Total	27

It was possible to obtain the records of the earlier convictions of some of these cases of which a few samples are given.

CASE No. 799 — MALE

Born September, 1899 in New York State. October 31, 1910 he was committed to St. Vincent's Industrial School for truancy where he remained until March 2, 1911 when he was discharged to his mother. August 1, 1912 he was recommitted to St. Vincent's for juvenile delinquency and petit larceny. He was placed on probation for burglary third degree and petit larceny in February, 1916 and by breaking his parole was sentenced to Elmira November 6, 1916. He was discharged February 23, 1918.

CASE No. 800 — MALE

Born July, 1897, Italy. May 13, 1908, committed to St. Vincent's Industrial School for vagrancy and truancy. May 13, 1910,

discharged to mother. September 28, 1911, St. Vincent's, held for the court. September 30, 1911, discharged to city court. May 26, 1912, St. Vincent's, vagrant, truancy. June 3, 1912, discharged to city court. October 1, 1912, juvenile delinquent, petit larceny. February 27, 1913, discharged to mother. June 3, 1913, St. Vincent's, violated parole, returned. August 1, 1913, absconded. September 10, 1913, returned to St. Vincent's. February 5, 1914, discharged to father. January 22, 1915, sentenced to Elmira Reformatory until discharged by law for burglary third degree and petit larceny. March 3, 1916, discharged.

In these cases the lack of ability for social adjustment had shown itself when the boy was very young as truancy in childhood. The prison records show that many times the same persons are committed to prison after leaving Elmira. Two of the boys had been certified as feeble-minded before their conviction and sentence to Elmira.

CASE No. 801 — MALE

Born 1897. He was committed to St. Vincent's Industrial School, October 9, 1909, as an ungovernable child. He was discharged in June, 1910, to his father, but was recommitted in October of the same year as a juvenile delinquent. After two years he was discharged to his father. Two years later, in July, 1914, he was sent to the Rome State Custodial Asylum with a record of masturbation and bestiality. It was then stated that he was dirty in dress, irritable, hard to control and more troublesome as he grew older. In October of the same year he was discharged to work with his father. March 16, 1916, he was committed to Elmira on the charge of burglary third degree and petit larceny. At this time he was 19 years of age, a laborer and intemperate. His father has been insane. His brother has also been committed as a juvenile delinquent and the children in the family are all reported as "dull and ignorant."

CASE No. 802 — MALE

He was born in 1893 in a reformatory where his mother had been committed as a prostitute. He is an illegitimate child. He was cared for in an orphan asylum until he was 9 years old, and

then in October, 1902 was sent to the Syracuse State Institution. He was transferred to the Rome State Custodial Asylum, March 27, 1907, where he remained until February 14, 1912. At the time of his admission there it was stated that he was simple and weak, a moral imbecile. From the asylum he drifted into an almshouse, stole an overcoat and ran away, but was later located and sent back to Rome, June 22, 1914. He was again discharged from this institution August 1, 1915, to work for one of the townspeople. He stole \$80 from her safe, left for Canada and enlisted in the British army. He deserted, returned to New York State, was arrested and committed to Elmira in April, 1917, where he still is.

These cases are cited to call attention to the fact that unsatisfactory behavior dating from childhood is due to inherent mental deviation which cannot be successfully dealt with by old-fashioned reformatory methods or institutions. The prisons and reformatory institutions now recognize this condition and are establishing psychiatric laboratories to study the mental conditions of their inmates. A step further in advance would be the early recognition in the community of the mental defective and other types of mental deviates through State clinics for mental hygiene and their segregation or protection before pathological conduct brings them into the courts.

Further investigation of these Elmira cases by consulting the office records of the State Board of Charities on case histories of institution inmates discovered the family connection of seven of these boys. It is the constant experience of those dealing with dependents that an investigation of the family is likely to reveal many cases of unsuspected bad heredity so that these cases may be regarded as samples of what a complete investigation might reveal:

CASE No. 803 — MALE

Brothers and uncles with prison convictions for crimes against property.

CASE No. 804 — MALE

Mother feeble-minded and immoral, two sisters feeble-minded. The subject is mentally defective, is now in Oneida County and has been counted in the survey of the towns.

CASE No. 802 — MALE

Mother with a reformatory conviction as a prostitute. Case No. 802, male, her illegitimate child is feeble-minded.

CASE No. 801 — MALE

Father insane, one brother delinquent, other sibs "dull and ignorant." Subject, himself, is feeble-minded.

CASE No. 805 — MALE

Brother delinquent.

CASE No. 806 — MALE

Two brothers delinquent, one of these is also alcoholic. Subject once committed to an institution for improper guardianship, indicating that the parents did not provide a proper home. (A practical point indicating symptoms of mental defect or deviation.)

CASE No. 807 — MALE

Is a member of the Blank family whose record is given at length among the Rome cases under cases No. 552 and No. 564.

Occupations: The list of occupations of these persons committed to Elmira Reformatory show 37 per cent. laborers and the majority in occupations not skilled or professional.

OCCUPATIONS OF INDIVIDUALS IN THE ELMIRA REFORMATORY
FROM ONEIDA COUNTY FROM JULY, 1914, TO JULY, 1917

Agent	1
Apprentice coremaker	2
Baker	1
Barber	2
Blacksmith	1
Bookkeeper	1
Canvasser	1
Carpenter	2
Chauffeur	1

Clerk	1
Cook	1
Electrician	1
Elevator boy	1
Farmer	5
Fireman	1
Fixer	1
Hotel worker	1
Jack spinner	1
Laborer (37 per cent)	31
Machinist	3
Metal worker	1
Millhand	3
Moving picture operator	1
Painter	2
Paper maker	1
Punch press worker	1
Salesman	1
Shoemaker	1
Soda water dispenser	1
Stationary fireman	1
Student	1
Tailor	3
Underwear cutter	1
Not given	2
None	4
Total	83

Education: The record of the education of these boys bears out the general proposition that they come from a grade in society that lacks in taste, capability or economic freedom to carry the education of their children beyond the elementary grades. Eight are reported to have had no education (six of these are foreign born), seventy-three left school while still in the lower grades and but one reached high school. The one reported as having a high school education was convicted of grand larceny.

EDUCATION OF INDIVIDUALS COMMITTED TO THE ELMIRA
REFORMATORY FROM ONEIDA COUNTY FROM JULY, 1914, TO
JULY, 1917

High school	1
Common school	73
None	8
Not given	1
<hr/>	
Total	83
<hr/>	

Nativity: Fifty-three of these young felons were native born and the remaining 30 were foreign born. Of the foreign born 18 were born in Italy. Sixty-one of the whole number were residents of Oneida County, the others were from outside of the county. This again draws attention to the tendency in the anti-social types to move from place to place; a type of existence not productive of high constructive citizenship.

BIRTHPLACES OF INDIVIDUALS IN THE ELMIRA REFORMATORY
FROM ONEIDA COUNTY FROM JULY, 1914, TO JULY, 1917

Utica	11
Rome	5
Oneida County outside of Utica and Rome	5
New York State outside of Oneida County	25
United States outside of New York State	7
Austria	3
Cuba	1
Italy	18
Syria	1
Russia	5
Wales	1
Unknown	1
<hr/>	
Total	83
<hr/>	

Native born	53
Foreign born	30

Residents of Oneida County as given on indictments.....	61
Non-residents.....	22
Total.....	83

THE PRISON RECORDS

Persons sentenced to prison from Oneida County are all sent to Auburn Prison from which institution they are transferred to other prisons when it is considered advisable. Great Meadow Prison at Comstock, N. Y., is the "honor prison" of the State and no prisoners are committed directly to it. Its population is made up of men from other prisons, transferred there because of good conduct. Until 1916 only first offenders, usually those having short terms to serve were sent to Great Meadow. Because of difficulty in finding men eligible for transfer, some second offenders have been received since that time. If a man sent to Great Meadow becomes incorrigible he is transferred to Clinton Prison. Clinton Prison also receives tubercular inmates from other prisons. Prisoners are occasionally transferred to Sing Sing to work on the Wingdale site. Prisoners insane at the time of convictions are sentenced to the Matteawan State Hospital while those becoming insane during the term of sentence are transferred to the Dannemora State Hospital.

Below is given the number of persons present in the prisons on July 1, 1914, 1915, 1916 and 1917 who were sentenced from Oneida County. Those in prisons other than Auburn are there by transfer.

INMATES FROM ONEIDA COUNTY PRESENT IN PRISONS FROM
JULY, 1914, TO JULY, 1917

	Present July 1, 1914	Present July 1, 1915	Present July 1, 1916	Present July 1, 1917
Auburn.....	48	61	51	58
Clinton.....	8	8	10	14
Comstock.....	14	17	33	14
Dannemora State hospital.....	5	6	5	6
Sing Sing (Wingdale).....	2	2	4	.....
Total.....	77	94	103	92

Age: The classification by ages of the 179 individuals represented in these records shows that only 19 per cent. of these were over 40 years of age; 42 per cent. were above 30 years of age, and those ranging in age from 18 to 31 constitute 58 per cent. When there are added to this number the 83 felons who were present in Elmira during the same period there is a total of 262 criminals of whom 187 or 71 per cent. are under 30 years of age.

AGE CLASSIFICATION OF INDIVIDUALS REPRESENTED IN THE
PRISON RECORDS FROM JULY 1, 1914, TO JULY 1, 1917

<i>Age</i>	<i>No.</i>	<i>Age</i>	<i>No.</i>
18	5	44	4
19	7	45	1
20	7	46	2
21	10	47	4
22	9	48	1
23	6	49	3
24	6	50	3
25	14	51 .....	..
26	9	52 .....	..
27	9	53 .....	..
28	7	54	1
29	8	55	1
30	7	56 .....	..
31	4	57 .....	..
32	4	58 .....	..
33	4	59 .....	..
34	4	60	2
35	3	61 .....	..
36	2	62 .....	..
37	8	63	2
38	2	64 .....	..
39	4	65 .....	..
40	5	Not given	2
41	5		
42	3	Total	179
43	1		

Previous convictions: Of the 179 persons convicted from Oneida County and present at some time in the prisons between July 1, 1914, and July, 1917, the records of the District Attorney gave previous convictions for 67. Complete studies of the individual cases would probably give a much higher number since it was found by the Psychiatric Clinic in connection with Sing Sing Prison that in a series of 608 cases, 66.8 per cent. had served sentence in one or more penal or reformatory institutions before. Conditions at Sing Sing probably do not differ greatly from those in other receiving prisons in the State. However the 67 cases for whom we have records may be worth a glance. As an indication of the general nature of the crimes they have been divided into crimes against person and crimes against property.

Crime again person, previous conviction same.....	6
Crime against property, previous conviction same.....	22
Crime against person, previous conviction against property	2
Crime against property, previous conviction against person	4
Crimes against person, previous conviction intoxication..	3
Crimes against person, previous conviction unknown.....	13
Crimes against property, previous conviction unknown...	17
<hr/>	
Total.....	67
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Thus it is indicated that the recidivists are most likely to repeat the same type of crime for which they were originally convicted. And further the unpleasant fact is emphasized that prison treatment seems to have resulted in no beneficial effect for these men.

Types of crimes: The charges upon which the men are convicted are divided into the two large groups, crimes against person and crimes against property, since the crimes against person indicate a different type of mental reaction from those against property which find their origin largely as a matter of acquisitiveness. These two classes fall into nearly equal groups; the standard for computation having been those who are in prison on the dates noted. The crimes against persons are for the most part the more serious ones leading to a longer term of penal servitude,

especially the convictions for murder and manslaughter, hence there is an accumulation of these convicts in the prisons; and on the other hand a serial group of commitments would show a larger proportion of crimes against property. Our figures for Oneida County show 91 convicted of crimes against person and 88 convicted of crimes against property; a total of 179.

OCCUPATIONS OF THE INDIVIDUALS REPRESENTED IN THE PRISONS
FROM ONEIDA COUNTY

Assembler	1	Marine fireman	1
Auto mechanic	1	Mason	1
Baker	1	Merchant	1
Barber	5	Millhand	10
Bartender	4	Miner	1
Blacksmith	2	Moulder	3
Boatman	1	Nurse	1
Bookkeeper	1	Painter	3
Bootblack	1	Physician	1
Bricklayer	3	Printer	1
Carpenter	3	Promoter	1
Cement finisher	1	Railroading	2
Chauffeur	3	Restaurant keeper	1
Clerk	1	Roofer	1
Clothing cutter	1	Salesman	2
Cook	3	Saloonkeeper	1
Electrical worker	1	Shoemaker	5
Expressman	1	Stonemason	1
Farmer	12	Teamster	6
Fireman	4	Theatrical man	1
Fish peddler	1	Upholsterer	2
Hardwood finisher	1	Weaver	1
Hostler	1	Not given	3
Junk dealer	1	None	4
Laborer	66	Total	179
Machinist	5		

EDUCATION OF INDIVIDUALS REPRESENTED IN THE PRISON RECORDS FROM JULY, 1914, TO JULY, 1917

College	3
High school	1

Business school	1
Common school	150
None	24
Total	179

Mental defect through lowered intelligence capacity precludes reaching higher school grades. Mental deviation interrupts the school career. Economic lack of opportunity may prevent the acquiring of education but where intellectual ability exists it usually bears evidence of itself in adequate social reactions and sound worth to the community. The presence of such a mass of poorly educated persons among the anti-social has a direct bearing on their mental abnormality.

BIETHPLACES OF ONEIDA COUNTY INDIVIDUALS REPRESENTED IN
THE PRISON RECORDS FROM JULY, 1914, TO JULY, 1917

Rome	2
Utica	18
Oneida County outside of Utica and Rome	13
New York State outside of Oneida County	39
United States outside of New York State	22
Austria	5
Canada	1
England	3
Germany	3
Italy	64
Russia	7
Sweden	1
Unknown	1
Total	179
Native born	94
Foreign born	85
Total	179

Residents of Oneida County.....	132
Non-residents of Oneida County.....	47
	<hr/>
Total.....	179
	<hr/> <hr/>

Occupations and education: The occupations of the prisoners fall for the most part in the class of unskilled labor, especially the 66 who are classified as laborers, and the 10 others whose occupation is given as millhands. These two classes make up 42 per cent. of the whole number. It is only very occasionally that a professional or highly intelligent man conducts his affairs in a way that lays him open to court conviction. Or to say it another way: those who so conduct their affairs as to lay themselves open to court conviction are mentally incapable, in the vast majority of cases, of becoming highly educated, highly trained or of grasping the complicated intellectual processes necessary in carrying on any high grade technical or professional career. The occupations of these prisoners are such as might be expected when taken in connection with the education which shows but 5 of the 179 with an education above the grade of common school and 24 of them with no education at all.

New York House of Refuge at Randall's Island: Section 2184 of the Penal Law states: "Where a male person of the age of 16 years and under the age of 18 years has been convicted of juvenile delinquency or of a misdemeanor, the trial court may, instead of sentencing him to imprisonment in a State prison or in a penitentiary, direct him to be confined in a house of refuge established by the managers of the society for the reformation of juvenile delinquents in the city of New York, under the provisions of the statute relating thereto."

The number cared for in this institution during the year periods from July 1, 1914, to June 30, 1917, who were committed from Oneida County, is as follows:

7-1-1914 to	7-1-1915 to	7-1-1916 to
6-30-1915	6-30-1916	6-30-1917
9	2	4
Number of individuals represented, 15.		

Mental status: Twelve of the 15 cases have been given a psychometric examination by the Binet-Simon Measuring Scale by the institution staff, the results of which are tabulated below with the offense which led to commitment and the previous court record. According to the terms of the commitment all are between 16 and 18 years of age. The frequency of the previous arrests and the mental ages, found on test, indicate that in general we are dealing with a group of cases with intelligence great enough to insure them an honest livelihood but unaccompanied by a social sense which is essential for community life; in other words they represent the type known as the affective deviate. The inherent defect is a deficiency in inhibition in the affective field and shows in their anti-social behavior. It will be noted that 13 of the 15 offenses are petit larceny (crimes against property); the 2 remaining are assault, third degree (crimes against person).

CASE	Mental age	Physical age	Offense	Previous court history
808, male..	X. 4	16 years or over	Petit larceny	Once arrested for disorderly conduct. Sentence suspended.
809, male..	Normal to test	16 years or over	Petit larceny	Twice arrested and discharged, twice arrested and sentence suspended. Twice committed to St. Vincent's. Once committed to Industry.
810, male..	XI. 2	16 years or over	Petit larceny	Once arrested for leaving home, paroled. Once arrested for disorderly conduct. Not held.
811, male..	Not tested	16 years or over	Petit larceny	Three previous arrests. Twice in St. Vincent's.
812, male..	Normal to test	16 years or over	Petit larceny	Twice arrested and placed on probation.
813, male..	X. 4	16 years or over	Assault 3rd degree	Arrested once for larceny and in jail.
814, male..	Not tested	16 years or over	Petit larceny	Twice placed on probation and committed to St. Vincent's for violation probation, committed a third time to St. Vincent's. Said to have been in Michigan State Reformatory.
815, male..	XI. 2	16 years or over	Assault 3rd degree	No record of previous arrests.
816, male..	XI. 2	16 years or over	Petit larceny	Twice arrested but not held.
817, male..	Not tested	16 years or over	Petit larceny	No record of previous arrests.
818, male..	XI. 2	16 years or over	Petit larceny	Arrested for petit larceny and placed on probation.
819, male..	Normal	16 years or over	Petit larceny	Twice arrested for larceny. Placed on probation once and in St. Vincent's once.
820, male..	XI. 1	16 years or over	Petit larceny	Three arrests for truancy and two for larceny. Once in St. Vincent's, twice on probation, sentence suspended once.
821, male..	XI. 4	16 years or over	Petit larceny	Once on probation for petit larceny.
822, male..	VIII. 3	16 years or over	Petit larceny	No record of previous arrests.

Nativity: Of these 15 cases 10 are native born; and of these, 5 have both parents native born and the fathers of 2 others are native born. Three are native born of foreign parents, 1 Syrian, and 2 others Irish. Two were born in Austria Poland of Austrian Polish parentage, and 3 in Italy of Italian parentage.

BIRTHPLACE OF SUBJECT	Birthplace of father	Birthplace of mother
United States.....	Syria.....	Syria
United States.....	United States.....	Unknown
United States.....	United States.....	United States
Italy.....	Italy.....	Italy
United States.....	Ireland.....	Ireland
Italy.....	Italy.....	Italy
United States.....	United States.....	United States
United States.....	United States.....	United States
United States.....	United States.....	Ireland
Austria Poland.....	Austria Poland.....	Austria Poland
United States.....	Italy.....	Italy
Austria Poland.....	Austria Poland.....	Austria Poland
United States.....	United States.....	United States
United States.....	United States.....	United States
Italy.....	Italy.....	Italy

Inheritance: The character of the stock from which these come is indicated by the brief family history notes which were obtained.

CASE	Mental age	Physical age	
808, male....	X.4	16 years or over.	One brother has been under arrest.
809, male....	Normal	16 years or over.	Home conditions bad. Father convicted of assault, sentence suspended. Sex offender.
810, male....	XI.2	16 years or over.	Sister has been in House of Good Shepherd, Troy, and House of Refuge, Albion.
811, male....	Not tested	16 years or over.	Brother has been in Industry.
812, male....	Normal	16 years or over.	Father intemperate.
813, male....	X.4	16 years or over.	No record of defect in family.
814, male....	Not tested	16 years or over.	Father intemperate. Sister said to have been in institution (reformatory).
815, male....	XI.2	16 years or over.	Brother feeble-minded (information from another source).
816, male....	XI.2	16 years or over.	No record of defect in family.
817, male....	Not tested	16 years or over.	No record of defect in family.
818, male....	XI.2	16 years or over.	Sister feeble-minded (information from another source).
819, male....	Normal	16 years or over.	No record of defect in family.
820, male....	XI.1	16 years or over.	Mother dull, ignorant and reported intemperate.
821, male....	XI.4	16 years or over.	Parents divorced. Mother intemperate and a sex offender.
822, male....	VIII.3	16 years or over.	No record of defect in family.

More extensive field work would no doubt have brought to light many more points of family interest than are here shown.

Poor environment has, no doubt, encouraged hereditary tendencies which good surroundings and good discipline might have held in check. As these boys are all young it is possible that social habits may yet be established. The present (Feb., 1918) status of each is given below:

808, male. Discharged May 26, 1915, pending appeal.

809, male. Still in institution.

810, male. Paroled March 13, 1916, reported regularly until August, 1917, then left home with a neighbor's wife. (Sex offenders and breeders of the same type.)

811, male. Paroled June 16, 1916. Has reported regularly. Now reported in Oklahoma.

812, male. Paroled August 12, 1916. Has reported regularly and is doing well.

813, male. Paroled April 3, 1917. In June, 1917, enlisted in United States army.

814, male. Still in institution.

815, male. Paroled August 29, 1917. Has reported regularly and is doing well.

816, male. Still in institution.

817, male. Returned to court December 29, 1914, pending appeal.

818, male. Paroled August 15, 1916. Has reported regularly. Has been confined to home by dropsy since August, 1917.

819, male. Paroled November 3, 1916. Parole unsatisfactory. July 2, 1917, committed to Elmira for burglary. (The beginning of a recidivist.)

820, male. Still in institution.

821, male. Paroled April 5, 1916. Has reported and apparently doing well.

822, male. Paroled December 28, 1916. Has reported regularly and is doing well.

Women's Prison at Auburn:

But four records of Oneida County cases were found of commitments to the Women's Prison at Auburn. These are given in full.

CASE No. 823 — FEMALE

Indictment: burglary third degree and grand larceny second degree.

Born, Canada. Residence, Oneida County. Age, 23. Education, common school. Occupation, dressmaker. Married. Temperate. Mother dead.

March 18, 1915, sentenced to be confined at Auburn for not less than 2 years and 2 months nor more than 4 years and 2 months. Discharged February 19, 1917. Her husband was sentenced to Auburn at the same time and on the same charge. The tendency for male and female anti-social types to consort and mate represents the common comfort of similar mental levels to the individuals so mated, and the perpetuation of these undesirable types by their children furnishes a social problem with constant menace for the State.

CASE No. 824 — FEMALE

Indictment, grand larceny, second degree (4 indictments).

Born, Buffalo. Residence, Oneida County. Age, 20. Education, common school. Occupation, millhand. Temperate. Single. Parents living.

July 1, 1912, sentenced to the Women's Prison at Auburn for not less than 2 years nor more than 3 years.

CASE No. 825 — FEMALE

Indictment, murder, second degree.

Born, Italy. Residence, Oneida County. Age, 20. No education. Temperate. Married. Father living.

November 22, 1915, sentenced to Auburn Prison for not less than 10 years nor more than 19 years and 6 months. Possible commutation, July 2, 1923.

CASE No. 826 — FEMALE

Indictment, grand larceny, second degree.

Born, Tennessee. Residence, Troy, N. Y. Age, 32. Education, common school. Temperate. Single. Parents dead.

October 27, 1915, sentenced to Auburn for not less than one year nor more than 2 years and 6 months. Discharged August 18, 1916.

Mount Magdalen School of Industry and Reformatory of the Good Shepherd

The object of the institution is "To maintain a charitable, industrial school and reformatory, to instruct the inmates thereof in such branches of industry and education as may fit them for useful trades and occupations, to work for the reformation of the fallen and the preservation of weak women and to save, care for, educate and correct wayward and corrupt children."

The women sent to Mount Magdalen from Oneida County are for the most part committed by the courts for short terms, from three months to a year, most often on the charge of vagrancy or public intoxication. There is a stream of women going in and out of the institution which makes case recording difficult.

The Sister Superior reports the number cared for as follows:

	Cared for from July 1, 1914 to June 30, 1915	July 1, 1915 to June 30, 1916	July 1, 1916 to June 30, 1917
For anti-social conduct, i. e., crime, sex offense, deser- tion.....	17	5	13
For alcoholism.....	7	7	6
	24	12	19

All of these were Oneida County charges. As two in the 1916-1917 period were recommitments, there are 53 individuals represented in this study.

Age.— The range in age of these women is greater than in any class of delinquents previously considered. They correspond more nearly to the jail population among the men.

<i>Age</i>	<i>No.</i>	<i>Age</i>	<i>No.</i>
15	2	19	4
16	3	20	3
17	2	21	3
18	4	22	0

Age	No.	Age	No.
23	2	30	0
24	1	31-40	9
25	1	41-50	5
26	0	51-60	3
27	6	61-70	3
28	0	Total	53
29	0		

Mental ability.— This institution, in common with similar institutions in the state has had difficulties in making psychiatric studies of its inmates. To get some clue as to the type of women who are being received there, all of the women committed from Oneida County who were present December 10th and 11th, 1917, were given the Binet-Simon test, Goddard 1911 revision. Owing to the rapid change in the population, few of those tested were included in the preceding tabulation, but had been received since July 1, 1917. These older women, whose minds are deteriorated by alcohol, or whose nervous control is shattered by the use of cocaine or other drugs do not respond well to psychometric tests and nothing more than an estimate is here attempted. After these procedures, 24 per cent. were considered of normal mental ability, 43 per cent. subnormal and 33 per cent. definitely feeble-minded.

CASE	Physical age	Mental age	Charge
Normal intelligence:			
827, female.....	17 3/12	XII 1/5.....	Vagrancy.
828, female.....	19 6/12	XII 1/5.....	Vagrancy.
829, female.....	24 9/12	XI 3/5 (cocaine).....	Vagrancy.
830, female.....	26 10/12	XI 3/5 (cocaine).....	Vagrancy.
831, female.....	21 1/12	XII.....	Vagrancy.
Subnormal intelligence:			
832, female.....	26 11/12	XI 1/5.....	Vagrancy.
833, female.....	42	XI (estimated).....	Public intoxication.
834, female.....	20 2/12	IX 1/5 (language difficulty).....	Public intoxication.
835, female.....	17 3/12	IX 4/5 (examination unsatisfactory).....	Vagrancy.
836, female.....	28 1/12	X 2/5.....	Public intoxication.
837, female.....	16 6/12	XI.....	Juvenile delinquency.
838, female.....	57	XI.....	Vagrancy.
839, female.....	40	X 3/5.....	Public intoxication.
840, female.....	49	VIII 1/5 (deterioration ?).....	Public intoxication.
Feeble-minded:			
841, female.....	19 6/12	X.....	Vagrancy.
842, female.....	20 1/12	X 4/5.....	Vagrancy.
843, female.....	17 1/12	IX 2/5.....	Vagrancy.
844, female.....	44	VII 1/5.....	Public intoxication.
845, female.....	20	X 3/5.....	Vagrancy.
846, female.....	16 3/12	X 2/5.....	Vagrancy.
847, female.....	17/10/12	IX 1/5.....	Vagrancy.

The nativity of the 21 cases given the psychometric tests is given below:

CASE	Birthplace	Of father	Of mother
832, female.....	United States.....	Ireland.....	Ireland.....
841, female.....	United States.....	United States.....	United States.....
842, female.....	United States.....	United States.....	United States.....
835, female.....	United States.....	Germany.....	Unknown.....
834, female.....	United States.....	Canada.....	Canada.....
842, female.....	Italy.....	Italy.....	Italy.....
827, female.....	United States.....	United States.....	United States.....
843, female.....	Italy.....	Italy.....	Italy.....
836, female.....	United States.....	Canada.....	Canada.....
844, female.....	United States.....	United States.....	Canada.....
830, female.....	United States.....	Unknown.....	United States.....
828, female.....	United States.....	United States.....	United States.....
829, female.....	United States.....	Canada.....	United States.....
846, female.....	United States.....	Germany.....	Ireland.....
837, female.....	United States.....	United States.....	United States.....
839, female.....	United States.....	Canada.....	Canada.....
838, female.....	United States.....	Ireland.....	Ireland.....
845, female.....	United States.....	Austria.....	Austria.....
840, female.....	England.....	Ireland.....	Ireland.....
847, female.....	United States.....	Prussia.....	Prussia.....
831, female.....	Canada.....	Canada.....	Canada.....

Seventeen of these girls are native born and six are native born of native parents. Nine are native born of foreign parents of whom five are Canadians. Four are foreign born of foreign parents.

The Western House of Refuge for Women at Albion, N. Y.

Commitments of women to reformatories from Oneida County are all made to Albion, as Bedford, the other state reformatory receives the commitments from the southeastern portion of the state.

The institution reports 12 cases from Oneida County present during the years 1914 to 1917.

Present July 1, 1917 to June 30, 1915.....	6
Present July 1, 1915 to June 30, 1916.....	1
Present July 1, 1916 to June 30, 1917.....	5

Age.— The range of age in these women was as follows:

Years		Years	
16	1	22	0
17	0	23	2
18	0	24	1
19	3	40	1
20	1		
21	3	Individuals total....	12

Mental ability.—Two of these women have already been judged subjects for custodial care and all but one are below normal ability. All are affective deviates. Their mental ability is given in the table below, with the previous institutional history.

CASE (ALL ADULTS)	Intelligence capacity	Previous institutional life
848, female.....	Average ability.....	None.
849, female.....	Mental age, X years.....	In convent 10 years.
850, female.....	Subnormal, epileptic.....	None.
851, female.....	Subnormal.....	Orphan Asylum, Hudson Training School. Rome State Custodial Asylum.
852, female.....	Mental age, VIII years.....	None.
853, female.....	Subnormal.....	Orphan asylum.
854, female.....	Subnormal.....	None.
855, female.....	Mental age, VII years.....	Convent 4 years. Rome State Custodial Asylum twice.
856, female.....	Feeble-minded.....	None.
857, female.....	Apparently subnormal.....	None.
858, female.....	Moron.....	Mount Magdalen, Troy.
859, female.....	Decidedly subnormal.....	Mount Magdalen, Troy.

Occupations.—As might be expected these women have been engaged in unskilled occupations or none.

848, female.	Housework.
849, female.	Cashier, milliner, saleslady.
850, female.	Waitress.
851, female.	None.
852, female.	In hotels.
853, female.	At home.
854, female.	Housework.
855, female.	Housework.
856, female.	At home.
857, female.	At home.
858, female.	Not any.
859, female.	Worked in mill.

Oneida County Residents and St. Joseph's Maternity Hospital, Troy, N. Y.

CASES, NATIVES OR RESIDENTS OF ONEIDA COUNTY	Year period, July 1, 1914 to June 30, 1915	Year period, July 1, 1915 to June 30, 1916	Year period, July 1, 1916 to June 30, 1917
Anti-social conduct, i. e. crime, sex offense, desertion...	4	1	.....
These cases were supported as follows: wholly at county expense.....	2	1	.....
Wholly at private or philanthropic expense.....	2	.....	.....

The Shelter for Unprotected Girls in Syracuse, N. Y.— This institution annually cared for a few Oneida County residents most of whom were young delinquents, all supported by public funds.

The value of these cases of serious social offenders would be quite lost if we were to look upon them as mere statistical material. We wish to emphasize more and more the necessity of looking on all such cases in the light of — “What does this or that particular type of symptom-behavior *mean*, and from what sort of *personality* does it spring?” In this chapter on delinquents you see case No. 807, male, a dependent delinquent, and find also that his relatives were described under the Rome cases No. 552 and No. 564 who became dependents essentially through mental defect. This is the “Blank” family which shows heritable recessive unit characters which make for *every* sort of anti-social, a-social, pathological and dependent symptom-behavior. We find them as dependents in every possible phase of social failure; inmates of *all* types of institutions. That one member happened to get picked up for criminal conduct means neither that he is more nor less “criminal” than the other members of this pathological family. Many others probably committed anti-social acts but were not apprehended and so do not figure as “criminal;” but the main tendencies of such abnormal personalities should be considered as well as the mere collisions with convention and the police. When in the family tree we see an individual with repeated residence in almshouses, or an orphan asylum during early years, then perhaps a commitment to a state institution for mental defectives, then another for delinquents and perhaps finally the prison we should not limit our conception of such a person as a recidivist merely to the prison or jail residences but should revamp our viewpoint, so that the recidivist shall come to mean the pathological personality who has repeated admissions to *any* type of institution, entrance to each of which means personalized lack of ability to make adequate adjustment to this world and civilization as he finds it. Look over the 371 individuals of the Blank family studied under Rome case No. 552. You see symptom-behavior, (conduct and “crime”) to suit the commitment need for *any* type of institution; and since we know that the per-

ality standing behind such "criminal" type is pathological, why limit the word recidivist to those alone who manage to get sentenced to prison.

The *meaning* as well as the social loss of values of such abnormal conduct is the thing to be considered in our use of words. In this connection and showing the inter-weaving of the warp for persons, with the woof for institutions comes such cases as S. R., the young boy described as a prisoner in Sing Sing.* We find him a "criminal" on the prison records of Sing Sing. We also find him on the records of the State Board of Charities as an inmate of a children's home, years ago. May we not say that this also is "recidivism," certainly at least in the economic or social sense.

As to the causes of dependency accompanying anti-social conduct we may say that first come those factors of heredity which determine the pathological personality of the delinquent; and secondly, those factors of environment — the world of reality, which warp and twist, but always direct the main trends of that personality until finally a situation arises with which the potential "delinquent" is no longer able to cope and conduct arises which we have termed criminalistic. This applies also to the person who continues his delinquency apparently from free will and choice. His lack of insight into his attitude toward society is quite analogous to the lack of insight of the insane patient who sees in his delusions the proper course for him to follow. That anti-social conduct may be the forerunner and anlage of actual insanity is seen in the many cases of delinquents whose odd conduct eventually finds its final expression in definite delusions and hallucinations. Conversely, anti-social conduct may be simply an incident in the life history of an insane patient. Legally we are taught to think of the "crime"; medically we are taught to think of the personality that shows pathological symptom-behavior. Society, interested in the preservation of sound stock, clean morals and constructive economic success must take advantage of both these view points and through administrative finesse, work for the elimination of the unfit and the rehabilitation of those not too dangerously handicapped.

* First Annual Report of the Psychiatric Clinic, in collaboration with Sing Sing, 1917. Bernard Glueck, M.D., Director.

CHAPTER XV

DEPENDENCY AND ACQUIRED DISEASE

General Hospital Cases

The difficulties in ascertaining the facts concerning the number of individuals in Oneida County who were incapacitated through acquired disease was much greater than one would imagine. In the first place it was found impossible to trace natives or residents of Oneida County in hospitals *outside* of Oneida County for the reason that few general hospitals keep a tabulated record of admissions by counties. This defect in their general statistics limited our enquiry into the number and type of those treated inside the borders of Oneida County. It may be argued that there is no advantage in collecting data on general hospital admissions by counties since the county is to a great extent the unit for *poor* relief while the village and town form the general units for *public health* work. It seems, however, that a standardized scheme for state wide data recording would be advisable whereby the work done by all departments of state, county, town or municipal social welfare would be comparable through identical geographical, social, economic, and disease unit captions. One of the new phases of the work in these fields is the realization that "disease" in its epidemiologic aspect means something more than a mere influx of micro-organisms; that anti-social conduct means something more than mere wilful immorality or crime; that economic failure and (probably) industrial accidents mean something more than mere coincidence and luck. Why, in each of these fields, are there persons who are so easily overwhelmed? Why are there persons who are never overwhelmed? What is the *meaning* of ultimate immunity to "disease," to anti-social conduct, to economic failure?

We believe the answer is to be found in each individual by the analysis of the many, many unit character traits which he receives from ancestors, *all of which in the new combination at the time of conception lay down the framework for the individuality of*

the person under consideration. And as individually grows and develops both in its pre-natal and post-natal life, it finds reality incessantly hammering at every portal, to which demands, physical, mental, biological and biochemical, the personality must make instant and adequate response and reaction or else sure disaster to that living being is inevitable.

In previous analyses of ancestors of given cases we have attempted to point out what seemed to be fair evidence of heritable unit characters which make for an organ weakness on the developmental side. Allied with that is the heritable unit character which we may believe makes for lack of resistance to bacterial (micro-organism) invasion. The heritable characters in the case of hemophilia (bleeders) have long been worked out and in an analogous way it seems in view of modern researches that we have evidence that there is something in the sense of a biochemical organ weakness of the blood, conceivably due to recessive unit characters, which determine that certain individuals will be more prone to "catch" a disease than others. This is in the sense of specific organ weaknesses probably in relation to the phagocytic action of the leucocytes or in relation to the specific reactions of the so-called anti-bodies of the blood; all of which will have to be further differentiated from the various biochemical reactions which the offspring of an immune animal may be found to show.

Whatever the value of such studies it is of practical importance that Oneida County should know the extent and type of those individuals who have become temporarily or permanently incapacitated through "disease," and as such are treated as patients in the various general hospitals.

STATE BOARD OF CHARITIES

ONEIDA COUNTY HOSPITAL

PATIENTS	Year period, July 1, 1914 to June 30, 1916	Year period, July 1, 1915 to June 30, 1916	Year period, July 1, 1916 to June 30, 1917
Anti-social conduct.....	1	2	3
Alcoholism.....	25	33	65
Drug habits.....	15	7	5
Insane.....	2	1	2
Epileptic.....	1	2	1
Physical diseases, including about 60 cases of tubercu- losis at any one time.....	487	634	741
Physical handicap.....		2	
Total.....	531	681	817
Supported wholly at county expense.....	500	617	601
Supported at county expense but made partial reim- bursement.....	27	54	105
Who reimbursed in full.....	4	10	21
Total.....	531	681	817

ROME HOSPITAL

PATIENTS	Year period, July 1, 1914 to June 30, 1915	Year period, July 1, 1915 to June 30, 1916	Year period, July 1, 1916 to June 30, 1917
Alcoholism.....	1	3	1
Insanity.....		1	
Chorea.....			2
Mental defect.....			1
Physical diseases, including 1 tubercular.....	62	72	29
Total.....	63	76	33
Supported wholly at county expense.....	7	11	
Supported wholly at municipal expense.....	54	61	32
Supported at municipal expense, but who made partial reimbursement.....	1	2	
Who reimbursed in full.....		2	
Supported at private or philanthropic expense, but who made partial reimbursement.....			1
Supported at part county and part municipal expense..	1		
Total.....	63	76	33

ALBANY HOSPITAL FOR INCURABLES

PATIENTS	Year period, July 1, 1914 to June 30, 1915	Year period, July 1, 1915 to June 30, 1916	Year period, July 1, 1916 to June 30, 1917
Physical diseases.....	1	1	1
Supported wholly at county expense.....	1	1	1
Total.....	1	1	1

The following table for the official year ending June 30, 1917, shows the general activities of the general hospitals of Oneida County which report to the State Board of Charities. These activities may be taken in a general way as showing the incidence of dependency for any one year.

Activities for official year ending June 30, 1917	Faxon Hospital, Utica	Saint Elisabeth's, Utica	Saint Luke's, Utica	Utica General	Rome Hospital	Oneida County Hospital, Rome
Number of patients July 1, 1916.....	53	30	No report sent to the State Board of Charities	49	13	143
Number of patients received during the year.....	1,894	693		1,186	654	800
Number of infants born.....	142	28		51	84	16
Total number under treatment.....	2,089	751		1,286	751	959
Of the above patients there were:						
Pay patients.....	1,985	628	Did not care for public charges	16	718	113
Public charges.....				1,270	33	846
Free patients.....	104	123				
Number of days of treatment:						
Pay patients.....	17,391	11,571		332	7,972	6,200
Public charges.....				15,849	518	57,434
Free patients.....	951	5,883				
Total.....	18,342	17,454		16,181	8,490	63,634
Number discharged, of the infants born:						
Discharged to parents or guardians.....	136	26		45	79	16
Transferred to other institutions.....						
Died.....	6	2		6	5	
Of the other patients:						
Recovered.....	1,303	548		923	538	364
Improved.....	278	95		132	63	170
Unimproved.....	30	16		39	2	76
Transferred to other institutions.....		1		18	3	14
Otherwise discharged.....	200					
Died.....	72	30		87	32	148
Total discharged.....	2,029	718		1,250	722	788
Remaining June 30, 1917.....	60	33		36	29	171
Average daily number of patients during the year.....	50	48		44	23	174

TUBERCULOSIS

It was found impossible to trace Oneida County natives who had developed tuberculosis and were being treated for this disease outside of the county, as the various hospitals and sanatoria keep records of their patients by the county of residence at the time of admission and have no records as to the county of the patient's nativity. However, as the same rule applies to individuals, non-

natives who are being treated for tuberculosis as public dependents in Oneida County it is fair to presume that the incidence between natives and non-native legal residents receiving treatment at any one time in Oneida County is about the same as the Oneida County natives receiving treatment as residents of other counties in sanatoria outside their native county.

The importance of this particular disease from the standpoint of dependency lies in the problem of contributory factors, all of which are related to prophylaxis and environment. It would seem that among these several contributory factors that an inherited predisposition to lack of resistance to bacterial invasion must certainly be taken into account. Certain individuals will show the results of infection by the tubercle bacillus more readily than others, given an equal degree of contamination and virulence of infection. Thus under environmental factors broadly considered must come the consideration of the type, virulence, overwhelming number of bacilli and whether exposure is intermittent or constant. In all cases enquiry is to be made and considered as to secondary contributory factors, such as physical or mental depression at the time of infection and the possible presence of some other concurrent physical disease or disorder. Our family histories have shown many instances of a rather striking incidence of tuberculosis in relatives who lived in different places and where the possibility of contamination through like factors of environment seemed rather remote. Here the probability seems to be that such a demonstration of incidence of a specific bacterial disorder lies in the determination of individual susceptibility through heritable recessive unit characters which make for lack of resistance to bacterial invasion. When such innate susceptibility exists it is evident that but little is needed in the way of environmental stress and definite infection to set up a florid exposition of tubercular symptom-behavior. The word symptom-behavior being here used, as in all our former cases, as implying the presence of certain definite clinical "symptoms" which are always associated with "behavior" of social import, namely, loss of economic value, necessitated deviations from the unusual daily conduct routine and potential dependency.

The practical importance of differentiating the human and bovine strains of tuberculosis as to causal relation to any one individual case is to be emphasized, as such differentiation finds clinical expression through the influences of environment: infected milk (through infected workers with cattle as well as the cattle themselves), infected dust in city streets, infected tenements, infected dust in special lines of factory work, et cetera.

It is thus seen that causal factors for the incidence of this disease in any one locality depend upon several inter-related facts, none of which may be overlooked with impunity. The actual number of tubercular cases having direct association with dependency in Oneida County at any one time seems to be approximately as follows:

Oneida County Hospital, Rome.....	60
Camp Healthmore, Utica.....	33
New York State Hospital, Raybrook.....	14

The cases in hospitals in Oneida County are largely dependent upon either county or municipal funds. The cases at Raybrook are all supported at part State and part county expense.

In addition to the above there was found one case (881, male) a native of Oneida County, now a resident of Tompkins County who had been cared for wholly at the expense of Tompkins County for the past three years. Diagnosis: drug addiction and tuberculosis.

No doubt other such cases could have been found had the records of all the various county sanatoria been made to show the exact nativity of their patients. The fact of residence having to do with eligibility for admission and payment of maintenance expense explains why legal residence rather than place of nativity has been made the basis of record.

The cases of tuberculosis here recorded were those who became economic dependents on public funds. There were of course many other cases in the county which were supported by reason of invested earnings of their own funds or through the philanthropy of friends or private agencies. Such cases of dependency due to an acquired disease are of interest to society not only on the grounds of community and personal prophylaxis but in order to develop community insight into the need of investigating in a

definite and specific manner the reason why such economic wastage should be allowed to continue.

Statistics prepared by the New York State Department of Health on reported cases and deaths in Oneida County are as follows:

REPORTED CASES OF TUBERCULOSIS IN ONEIDA COUNTY

YEAR	Pulmonary	Other forms	Total
1915.....	418	9	427
1916.....	362	8	370
1917.....	205	13	218

DEATHS FROM PULMONARY TUBERCULOSIS IN ONEIDA COUNTY

YEAR	Pulmonary cases	Total
1915.....	270	270
1916.....	244	244
1917.....	259	259

If we accept the number of cases who actually died from this disorder as being of necessity essentially economic dependents for some little time at least before exitus occurs then the percentage of dependency due to tuberculosis as compared with the known number of diagnosed and reported cases is as follows:

YEAR	Percentage of cases in Oneida County, essentially dependent, due to advanced pulmonary tuberculosis
1915.....	63 + per cent were dependent.
1916.....	65 + per cent were dependent.
1917.....	There were 259 deaths and 218 new cases reported. This excess of deaths over new cases reported probably means that a certain number of deaths occurred in previously reported cases and also that a certain number of cases exist in the community but were not reported during life.

The difficulty is ascertaining the exact number of cases of tuberculosis existing in the community is seen in the record of deaths from tuberculosis, as found in the rural districts of Oneida County.

Table II: year 1915, thirty-sixth annual report, New York State Department of Health, gives the following figures for the "Rural health conditions" as found in Oneida County.

Rural population	Average annual rural deaths from tuberculosis	Number of cases of tuberculosis reported in rural districts, 1915
64,815 persons.....	61 deaths	53 cases

The same report gives the following figures on tuberculosis, for the year 1915, in cities and villages of Oneida County.

PLACE	Tuberculosis: Pulmonary form		Tuberculosis: Other forms	
	Cases Reported	Deaths Reported	Cases Reported	Deaths Reported
Rome, city.....	272	104		7
Utica, city.....	100	121	1	27
Oriskany Falls, village.....	1	1		
Boonville, village.....	1	1		
Bridgewater, village.....	1	1		
Camden, village.....	3	2	2	2
Forestport, village.....	2			
Clinton, village.....		1	1	
Waterville, village.....	1	1	1	
New Hartford, village.....		1		
Clayville, village.....			1	1
Remsen, village.....	1			
Holland Patent, village.....				
Prospect, village.....	1		1	
Trenton, village.....	1			
Oneida Castle, village.....	1			
Vernon, village.....	1	2		
New London, village.....				
Sylvan Beach, village.....				
Whitesboro, village.....	1	1		2
Yorkville, village.....		1	1	
Oriskany, village.....		1		
Rome State Custodial Asylum.....	14			
Utica State Hospital.....		35		

In general the problems of dependency in relation to tuberculosis may be said to be on the decline due to a lowering in the incidence of advanced cases of this disorder found in the community, due to improved methods of medical diagnosis, school inspection, and the increasing knowledge of efficient prophylaxis, and sanitary hygiene both personal and communal.

CHAPTER XVI

DEPENDENCY AND PHYSICAL HANDICAP

The Blind

The blind occupy a rather unique position in the problem of social welfare. The State desires that every child shall receive the benefits of scholastic education and the rights of the blind demand that this necessity for them be met; yet their handicap precludes the use of the usual channels of education. For this reason special institutions have been established wherein such children may receive educational advantages at public cost; but are not to be considered dependents while receiving such education any more than is the case of the child not so handicapped. The after-school life of the blind, however, immediately presents the problem of actual or potential dependency. It is not our purpose to discuss further the obvious possibilities to be attained through special vocational training for such cases. This survey will present the bare facts as to the number of such cases in institutions throughout the State who are natives or residents of Oneida County.

NEW YORK STATE SCHOOL FOR THE BLIND, BATAVIA, N. Y.

<i>Year</i>	<i>Oneida County Pupils</i>
1914-15.....	7
1915-16.....	9
1916-17.....	7

The State furnishes their tuition, board and lodging. "Most of them clothe themselves and pay their transportation." Of the number given, three have been partially or fully county charges. For the number of blind dependents see the section on "The Poor."

The Deaf

The peculiar needs of those individuals handicapped by total or partial deafness and the various types of speech and articulation

disorders are very similar to those of the blind. Partial deafness due to disease or disorder of the central or peripheral auditory apparatus is a potent cause of retardation in school work. The child needs individual attention which is difficult for him to obtain in the ordinary public school. It is also to be remembered that the same cerebral agenesis which caused the deafness may also have determined actual mental defect as a whole which will preclude intellectual advancement beyond a certain capacity level. It follows then that the child so handicapped is at a peculiar disadvantage as the speech-auditory apparatus is so intimately linked up with all intellectual life, even our visual impressions being interpreted in terms of auditory symbols. This is illustrated by the fact that when we read words we are observing with our eyes certain printed symbols which we interpret in the sense and sound of what these word-symbols mean when *heard* and elaborated through the auditory-speech apparatus. As might be expected, the developmental defects which have left the speech-hearing apparatus in a crippled condition, often extend into other organs, and when such a defect also involves vision, it can be readily realized how handicapped such a child is, particularly in respect to the difficulty of opening up all the avenues for mental life and intellectual advancement.

NORTHERN NEW YORK INSTITUTION FOR DEAF-MUTES, MALONE,
N. Y.

<i>Year</i>	<i>Oncida County Pupils</i>
1914-15.....	1 (case 884, male)
1915-16.....	1 (case 884, male)
1916-17.....	1 (case 884, male)

He is supported at part state and part municipal expense. This case illustrates the importance of noting the potential possibilities of heritable recessive unit characters in determining an organ weakness on the developmental side, for this case shows two other members of the family suffering from deafness. The patient himself has defective eyesight in addition to the handicap of deafness.

It would appear from the published records of various observers that an organ weakness on the developmental side including such

defects as determine deafness, deaf-mutism, mental defect and mental deviation (certain forms of insanity), as well as certain structural anomalies of the various physical organs are transmitted from ancestors according to Mendelian laws in the sense of recessive characters.

LE COUTEULX SAINT MARY'S INSTITUTION FOR THE IMPROVED
INSTRUCTION OF DEAF-MUTES, BUFFALO, N. Y.

<i>Year</i>	<i>Oneida County Pupils</i>
1914-15	4
1915-16	4
1916-17	2

Three of these were wholly supported by the State, one was maintained by the county during 1915 and half of 1916, then as she became a State pupil the county only paid the clothing cost in maintenance.

WESTERN NEW YORK INDUSTRIAL SCHOOL FOR DEAF-MUTES,
ROCHESTER, N. Y.

<i>Year</i>	<i>Oneida County Pupils</i>
1914-15	0
1915-16	0
1916-17 (Cases Nos. 882, male and 883, male)	2

Case No. 882, male: A child that has an acquired defect involving the peripheral speech-auditory apparatus. Heredity as to deafness: One other member of the family deaf. Post-natal factors: He was not born deaf. As the result of "infantile paralysis" he was unable to acquire at home the nursery training which would fit him to enter the first grade of public school. His hearing is essentially intact but there is difficulty on the emissive speech side. He is now over 12 years of age and is acquiring control of his speech organs and the prognosis is quite good as to the lifting of this handicap.

Case 883, male: A child that developed marked deafness following the acquired disease, scarlet fever. Heredity: No record of any. Post-natal factors: Deafness was the result of the acquired disease, scarlet fever. The lesions thus produced destroyed part of the special peripheral receptive auditory appa-

ratus with absolute deafness resulting. The child has therefore a permanent economic handicap. He shows no other peculiarities, has been trained in agricultural work, and thus through specialized aid on the part of society has been assisted to remain in the class of constructive useful citizenship.

No other cases from Oneida County were found to be receiving maintenance on account of a speech-hearing infirmity in the year periods noted. Concerning the dependent deaf, see the section on the "Poor."

We wish to make acknowledgment for the courtesy and cooperation shown our work in this survey by the superintendents of the various institutions caring for the blind and deaf in the State of New York.

CHAPTER XVII

DEPENDENCY AND ECONOMIC FAILURE

The Poor

Statistical exposition of the number of individuals receiving either indoor or outdoor poor relief demonstrates little of pragmatic value unless *the meaning of the figures* be sought in a review of all the casual facts for each individual case, and these in turn reviewed in the light of the parental stock and family connections from which that specific case of social inadequacy arose. A glance through the analyses of the heredity of the Rome, Syracuse and Newark institutions cases shows the high percentage of *mentally defective* persons having relatives or children who *had been* or *now are* inmates of some county *almshouse*.

In order to obtain specific information on this subject a questionnaire was sent to each overseer of the poor in Oneida County, as well as to all other officers having duties in relation to the poor in the county. Inquiry was also made from the principal institutions throughout the State caring for individuals of this class as to any Oneida County natives who might be receiving such care outside the county. The fact that residence and not nativity formed the basis for the usual statistical enumeration in all the county almshouses precluded the possibility of tracing Oneida County natives throughout the State to any considerable extent. Nevertheless the incidence of non-native dependents in any one almshouse in the up-State districts may be presumed as fairly equal for all of them, so that the fact of county nativity is of little practical value from the viewpoint of causal relation to dependency and may be disregarded.

Our thanks are due to the many gentlemen interested in this work either as public officers or private citizens who so kindly furnished information as to their respective institutions or districts.

Of Oneida County, only the reports of such overseers of the poor are here recorded as sent in positive findings. Many overseers reported "no cases" in their town, while others failed to respond. For these, as well as other reasons, this record is not presented as an actual census of the dependent poor by towns but

rather the narrative of such cases as were found, wherein an attempt is made to point out certain general economic tendencies which might be of value for more intensive study.

The various overseers of the towns recite the "short and simple annals of the poor," as follows:

TOWN	Number of cases reported July 1, 1914 to June 30, 1917	Summary
Florence.....	2	Case No. 885, male. Died in the county hospital; cause, "lack of care and Brights disease." Case No. 886, male. Died in the county hospital; cause, "lack of care and old age."
Deerfield (as reported by one of two overseers).....	6	One was an alcoholic; one was insane; two were tubercular; one deformed; one senile. Three were supported wholly at county expense; two at municipal and one at State expense.
Augusta.....	23	Three alcoholics; two insane; one insane, associated with mental defect. Causes of dependency for the others not stated except a general statement of "poverty and old age." All of these were cared for at county expense.
Marcy.....	6	Case No. 887, male, and case No. 888, male, were transferred to the county home at Rome, "on account of old age — both dead." Case No. 889, male, was "a tramp, sick with running sores on his legs, which had been broken," — sent to county home. Case No. 909 was a foreigner who had been injured by a bull; sent to general hospital. Utica. Case No. 890, male, a foreigner, had "help from the town to the extent of \$7.00; cause, cripple and out of work." Case No. 891, male, a German, had help from the town of Marcy to the extent of \$5.00; cause, sickness and old age. Case No. 892, female, became insane and was sent to Utica State Hospital; later returned home.
Western.....	10	Two were cases of insanity removed to the Utica State Hospital. Also cases No. 893, male, No. 894, male, No. 895, male. (This latter individual was a member of the celebrated Blank family: see Rome cases, No. 564, female). No. 896, male. Cause of dependency in each case given as "advanced age and infirm." All were supported at part town and part municipal expense.
New Hartford (as reported by one of two overseers).....	9	Case No. 897, male, a county charge. Committed to Oneida County Hospital; cause, broken leg while intoxicated. Case No. 898, male, a town charge. Committed to New York State Hospital for Incipient Tuberculosis. Case No. 899, male, a county charge. Committed to the Oneida County Hospital; cause, Bright's disease.

TOWN	Number of cases reported July 1, 1914 to June 30, 1917	Summary
New Hartford (as reported by one of two overseers).....		Case No. 900, female, a county charge. Committed to Oneida County Hospital; cause, rheumatism. Cases No. 901, female, and No. 902, female, part charges on the county. Committed to House of the Good Shepherd, Utica; cause, mother dead, father has a large family. Cases No. 903, female, No. 904, female, and No. 905, male, part charges on the county. Committed to St. Joseph's Infant Home; cause, father alcoholic and family deserter, sent to jail for sixty days. Mother works.
Boonville (as reported by one of two overseers).....	3	Cases No. 906, male, No. 907, male, and No. 908, male, were all county charges. Case No. 909, male, was a cripple. The cause of the dependency of the other two was not recorded.

The remainder of the towns were reported by their overseers as having "no cases" to report. That other cases of dependency had been handled by the poor officers of the county is evident from the appended report from the Oneida County Almshouse.

ONEIDA COUNTY ALMSHOUSE

CASES OF DEPENDENCY DUE TO	Year period Oct. 1, 1914 to Sept. 30, 1915	Year period Oct. 1, 1915 to Sept. 30, 1916	Year period Oct. 1, 1916 to Sept. 30, 1917
Anti-social conduct: crime, sex offense, desertion.....	21	4	9
Alcoholism.....	197	199	151
Drug habits.....	1	1	1
Insanity.....	2	3	3
Epilepsy.....	8	5	2
Chorea or other neurosis.....	1	1	1
Mental defect.....	46	46	41
Physical disease as economic handicap, including tuberculosis.....	36	25	18
Physical condition as economic handicap: blind, deaf, deformed.....	41	36	38
Miscellaneous causes of dependency.....	250	220	207
Total, individuals.....	603	546	470

These were all supported wholly at county expense with the exception of 11 in 1914-15, 13 in 1915-16 and 15 in 1916-17, who were supported wholly at State expense.

The heading "anti-social conduct" includes the unmarried pregnant girls and women who had been deserted by their hus-

bands. The alcoholics who make up *a third of the population* come in largely from Utica and Rome. Alcoholism, more than any one other factor leads to the type of dependency which calls for almshouse care. Drug habit is given as a cause in but one case for each year.

There are but few cases of insanity cared for in the almshouse. There were but 3 cases recognized as insane in the almshouse at the time this survey was made and these were all senile disorders. The highest number of epileptics cared for in this almshouse in the three-year period was 8, while at the close of the period 2 only are reported; also 1 case of chorea. A much larger number of mental defectives are constantly cared for. For the fiscal year 1914-15 46 mental defectives were cared for in this almshouse alone. Many of these had been there for years. Several of them are the relatives of the State institution cases whose histories are included in the summaries previously given under the Rome, Syracuse and Newark institution headings. While the county almshouses were intended primarily for aged dependents it has become necessary to care for such of the feeble-minded as are not especially troublesome until adequate State care can be provided.

The cases tabulated under "physical disease as handicap" are those committed for such long standing disabilities as come through the cardio-vascular renal apparatus, i. e., arterio-sclerosis, paralysis and the various heart-kidney lesions. Here also is included "asthma" and "rheumatism." Tuberculosis is a prominent member among crippling economic diseases. Cases listed as "sick" were tabulated under "other causes of dependency" since the records did not indicate that they were long standing or essentially chronic cases.

Physical handicaps include blindness, deafness and various deformities. Of this type of the socially handicapped there were 41 cases in 1914-15; 36 in 1915-16 and 38 in 1916-17. Other causes of dependency making a considerable group are reported by the poor officials under the headings of "old age," "no home," and various temporary or intercurrent disorders such as "frozen feet."

In June, 1914, a special survey was made on the inmates of the Oneida County Almshouse with special reference to alcoholism.

On June 5 and 6, 1914, this almshouse had a total of 234 male and 83 female inmates. Of the 234 males, 129 were dependents due to steady, periodic-irregular or periodic-regular (cyclic) habits of alcoholism; of the 83 females, 5 were dependent due to the same alcoholic symptom-behavior. Inquiry was made as to Oneida County sick, infirm and poor in general hospitals, clinics and institutions in counties other than Oneida throughout the State but no figures became available for analysis.

The following tables relating to the poor of Oneida County are compiled from the annual reports of the State Board of Charities for the fiscal years 1914-15, 1915-16, 1916-17:

ONEIDA COUNTY DEPENDENT POOR	1914-15	1915-16	1916-17
Number in almshouse at beginning of fiscal year	324	268	250
Received during the year	325	222	243
Infants born in the almshouse	16	1	
Total number of county poor supported	639	491	475
Total number of State poor supported	26	18	12
County poor native born, in almshouse	496	319	406
County poor foreign born, in almshouse	143	154	87
Number abandoned			2
Number discharged — almshouse	370	220	237
Number died — almshouse	27	22	34
Total poor discharged	397	242	275
Number remaining at end of year	268	249	218
Daily average number of inmates in almshouse	332	260	230
Number of inmates, sick or infirm, in almshouse	125	155	149
Number of mental defectives in almshouse, total	27	15	24
Number of epileptics in almshouse, total	9	3	3
Number of blind in almshouse, total			7
Number of deaf in almshouse, total		1	2
Number of children in almshouse, total		1	
Provisions, almshouse, cost	\$15,397 40	\$11,251 67	\$18,541 69
Clothing, almshouse, cost	\$1,999 14	\$1,005 50	\$1,106 64
Fuel and light, almshouse, cost	\$7,852 38	\$5,855 94	\$12,009 87
Medicine, almshouse, cost	\$946 15	\$477 89	\$785 78
Total expenditures, almshouse	\$40,388 52	\$33,321 45	\$50,749 50
Estimated value of almshouse establishment:			
Number of acres	100	331	331
Acres cultivated	50	300	300
Acres in wood and pasture	50	31	31
Value of land and buildings	\$150,000 00	\$275,000 00	\$275,000 00
Estimated value of almshouse products:			
Products of the farm	\$5,737 59	\$7,638 15	\$10,184 20
Receipts from sales	\$1,525 48	\$1,207 10	Incl. above
Value of labor of poor persons	\$1,200 00	\$1,500 00	\$1,400 00
Estimated amount saved by such labor	\$1,200 00	\$1,500 00	\$1,400 00
Average yearly expense of support of a poor person	\$139 20	\$159 64	\$219 98
Average weekly expense of support of a poor person	\$2 68	\$3 07	\$4 23
Number of county, city or town poor persons supported in institutions other than the almshouse:			
Homes for children, i. e. children	587	561	552
Number of persons supported in the county almshouse, in city and town almshouse institutions and the number receiving temporary relief:			
Population of Oneida county (census)	167,331	167,331	167,331
Total number of dependent poor persons supported in almshouse institutions	635	1,146	493
Total number of dependent poor persons supported in whole or in part in other institutions (dependent children)	587	561	552

ONEIDA COUNTY DEPENDENT POOR	1914-15	1915-16	1916-17
Total number of dependent residents temporarily relieved (outside of almshouse or other institution).....	4,145	1,747	2,114
Total number of dependent resident poor supported and relieved yearly.....	5,397	3,454	3,150
Total number of dependent non-resident poor temporarily relieved (outside of almshouse or other institution).....	707	874	706
Aggregate number of poor persons supported and relieved during the year.....	6,104	4,328	3,865
Expenditures for support in the county almshouse and in city and town like institutions, as also in institutions other than the almshouse, and the expenditures for temporary relief:			
Population of Oneida county (census).....	167,331	167,331	167,331
Expenses for maintenance and support in connection with the almshouse.....	\$46,388 52	\$85,227 39	\$50,749 50
Expenses for support in whole or in part of poor persons in other institutions (chiefly children)...	\$91,572 00	\$65,637 00	\$65,000 00*

*Approximate.

The figures here set forth are of value in getting some idea as to the general situation in regard to the poor in Oneida County; but exact knowledge of individual cases can only be obtained through extended field work and intensive case study. For instance, many cases of dependency are reported by the poor officials as due to "desertion," "lack of thrift," "intemperance" and the like. It is quite evident that such "causes" are more apt to represent end *results*. Such symptom-behavior is the every day, work-a-day expression of subnormal, mentally defective, defective-delinquent or psychotic personalities. Supposed causes of economic dependency under pre-war conditions in Oneida County as compared with the whole State of New York, were furnished by institution officers to the State Board of Charities for the official year 1914-15, as follows:

CAUSE OF DEPENDENCY	Oneida county, cases	Whole State, cases
Of children:		
Death of parents.....	153	5,982
Desertion or neglect of parents.....	17	5,808
Dishonesty of parents.....	23	300
Illegitimacy.....	27	532
Immorality of parents.....	10	662
Imprisonment of parents.....	5	1,504
Intemperance of parents.....	141	4,735
Lack of employment of parents not due to themselves [?].....		16,147
Lack of industry, thrift or judgment of parents.....		2,874
Sickness or other disability of parents.....	119	9,706
Unclassified.....	92	4,163

CAUSE OF DEPENDENCY	Oneida county, cases	Whole State, cases
Of wives:		
Death of husband.....	184	3,812
Desertion or neglect of husband.....	167	3,333
Dishonesty of husband.....	9	218
Immorality of husband.....	8	223
Imprisonment of husband.....	7	386
Intemperance of husband.....	369	4,105
Lack of employment of husband not due to himself [?].	76	4,022
Lack of industry, thrift or judgment of husband.....	142	2,229
Sickness or other disability of husband.....	358	4,849
Unclassified.....	712	2,713
Of adults:		
Old age:		
(Associated with cardio-vascular-renal complex.)		
Men.....	140	33,835
Women.....	67	5,677
Dishonesty:		
(Delinquency.)		
Men.....	153	523
Women.....		42
Mental defect:		
(Organ weakness on the developmental side.)		
Men.....	138	23,902
Women.....	79	2,022
(See sections on Mental Defect; Institutions and Community.)		
Sex offense:		
(Affective imbalance and deficiency of inhibition.)		
Men.....	95	748
Women.....		1,580
Insanity:		
(Constitutional mental deviations plus stress.)		
Men.....		1,272
Women.....		855
(See section on Insane in Institutions.)		
Alcoholism:		
(Substitutive reactions.)		
Men.....	863	145,068
Women.....		10,391
Lack of employment not due to employee:		
(Was mental defect eliminated?)		
Men.....	143	145,473
Women.....	72	2,094
Lack of industry, thrift or judgment:		
(Symptom-behavior of mental defect.)		
Men.....	109	115,120
Women.....		2,455
Loss of hearing and speech:		
(Question of heredity also.)		
Men.....	11	247
Women.....	9	237
Loss of sight:		
(Question of heredity also.)		
Men.....	15	1,028
Women.....	14	701
Sickness or accident:		
(Question of predisposition, environment and social conscience.)		
Men.....	495	23,729
Women.....	236	9,179
Unclassified:		
(Question of better methods of examination and field work.)		
Men.....	786	25,997
Women.....		5,437
Total:		
Men: almshouse type.....	3,320	545,705
Women: almshouse type.....	2,784	90,860
Grand total dependents.....	6,104	636,565
United States census 1915.....	167,331	9,687,744
Percentage of dependency.....	3.6	6.5

The story of the poor is best read in the annals of cases of mental defect, affective deviation and all the other psychopathic reactions of conduct. To cases of such origin must be added those who too easily succumb to disease through lack of resistance to bacterial invasion, and those who too early in life and without excessive stress develop a cardio-vascular-renal complex with resulting symptoms ordinarily spoken of as "heart disease," "paralysis," "apoplexy," and the various kidney disorders; disorders closely allied to developmental defect as a whole. All such types constitute the subnormals of the human race and bear evidence in symptom-behavior of their inability to make adequate mental and physical reactions to environmental reality: symptom-behavior of low economic value, and of little constructive, dynamic, social worth. In times of national affluence they become self supporting because they are carried along on the general stream of community prosperity; but but as soon as the economic horizon is less rosy, when the needs of necessitous times demands the utmost functioning ability of adequately developed human individuals, just then do these subnormals begin to find themselves unable to keep up the pace and are pushed out of the main stream of citizen activities and soon settle as social flotsam along the shores of the back waters of our communities. All attempts by philanthropic persons or agencies for the rehabilitation of such social defectives must first discern with scientific exactness their positive defects and then really meet the needs of the specific defects of the sick, defective, dependent or anti-social citizen either in the mental or physical sphere or both. This finally accomplished means placing him in an environment where he can battle successfully with reality as it exists; and that further self-support may be possible through enlightened after-care and adequately supervised vocational activities, the control of which is the high duty of the well endowed and normal citizen toward his weaker brother.

CHAPTER XVIII

CONCLUSIONS

Seeking the Ultimate Causes of Dependency

The previous chapters have, by their headings, indicated the chief causes of dependency as ordinarily considered. This survey would be a mere repetition of ordinary statistical figures if the matter of causal factors were left at this point without further analysis. It was that the individual necessities of each case might be emphasized that the influence of heritable characters was discussed in so many of them along with all the known prenatal and post-natal environmental stresses. It follows that we should now take up for general consideration the ultimate ramifications of those processes which through producing the various types of organ weaknesses and developmental defects burden the individual and through him, the community: and which make for sub-normal citizen units who find themselves (often without proper realization, or insight, on their part) unable to achieve their ambitions or even to carry on their ordinary life work in an adequate and efficient manner. Thus we are led to the consideration of those factors, environmental and individualistic, which are found to be associated with, or exist in the causal constellation of the condition upon which economic liability depends.

The insistent demands of a complex civilization necessitate an ever-increasing effort on the part of the individual to meet the requirements of the situation at hand. These reaction-efforts of the person as a social unit determine his conduct in the body politic. These behavioristic manifestations, including clinical symptoms of all sorts, are an end result. The determination to do certain things which may or may not be of social value springs from mental trends which are linked to many associations, part of which may be readily and consciously aroused into awareness, while others are associations linked to deep subconscious motives, the existence of which the individual is unaware. The ultimate

behavioristic quotient expresses the resultant of the thousands of many minor factors, which have been acting minute by minute, hour by hour, day by day, augmenting, deflecting, or coloring the main trends of the personality, all of which lead back to the primal instinctive strivings found in every human being. These are the original psycho-somatic forces the dynamic characteristics of which give the constructive power and dynamic urge to the main life-wishes of that particular personality. These primal wish-trends determine not only all later adult conscious activities but are themselves the fountain source of all those subconscious longings which, transformed and symbolized, appear either as ordinary symptom-behavior, or which determine oddities in otherwise normal conduct, or when more marked express psycho-pathological conduct and other apparently inexplicable activities. These subconscious main-trends of the personality constitute the ego of that particular subject.

The adequacy or inadequacy with which the personality, as we ordinarily consider it, is able to respond to the imperative demands of reality depends upon factors which are derived from the two great delimiting epochs of every man's life: the prenatal and the postnatal state. In the course of the developmental progress of individuality through these two epochs certain fundamental elements are in each case received. The first of these contributions to the ultimate personality are those determiners of unit characters in germ plasm which lay down genetic types. These decide not only ethnic differences but also mark the individualistic variations. Such variations result from the combinations of the myriad unit characters received from the parents, the grandparents and in diminishing ratio all the other ancestors. Such unit characters have a determining force on the color, size and functioning quotient of every anatomical organ of the human body. The presence or absence of such determiners in the germ plasm at conception determines the color, size and functioning normality (or defect) of that particular person.

The second or postnatal epoch presses upon the personality a constant conflict with all the animate (biological) and inanimate objects of the world of reality. As an infant, conscious awareness informs him that he has "arrived" in surroundings with the

import of which he is not entirely at ease, but he soon learns that certain lines of conduct on his part produce pleasurable sensations and that others produce a sense of internal, mental or physical tension associated with a feeling tone of unhappiness which spurs him to seek means so to change the character of his immediate environment that his ego is once more comfortable, mental tension is relieved, and the sense of personality is satisfied. These primitive strivings as first shown in the infant are the beginnings of the main wish-trends which as subconscious forces will direct his mentation and ultimate behavior later on to make an adaptation to the world of reality most suitable to his own actual needs and mental longings.

That these factors are intensely real and of practical importance is strikingly shown by the study of modern war neuroses and cases of "shell shock" where it has been found through analysis and observation that the symptom-behavior of individuals in the sense of developing various forms of mutism, paralysis, loss of memory, et cetera, represent, transformed into mental or somatic symptoms with their concomitant behavioristic component, the tremendous power of the subconscious "wish" to remove the personality from an intolerable situation. In like manner much of the odd or unusual conduct of individuals in everyday life is to be explained. Their bizarre, "insane," senseless, unruly or anti-social acts may appear to be more or less apparently purposeless activity. Such acts are in reality a substitutive reaction which may be perhaps only trivial but which may become quite dangerous oddities of conduct. Such a reaction, however, is the transformed or symbolized remnant of some deep subconscious longing, the open realization of which has been incompatible with the subject's conscious personality. The tremendous feeling tone, the "viciousness," the sense of elation or of strange satisfaction which may accompany such odd conduct, *is the affect* associated with and dependent upon these deep subconscious trends. It is explainable on the ground that the same dynamic affect which accompanies the subconscious trend is transferred to the substituted activity and thus while the degree of affect which accompanies the odd behavior may seem strikingly out of proportion to the conduct of the moment, it is, in a true

sense and remembering what it stands for, not inconsistent with the subconscious motive which is directing the deep subconscious wishes. But of all this the individual is totally unaware in his conscious self.

In addition to changing one's environment in the sense of attaining simple wish satisfaction the individual has in addition to wage a somatic, physiological combat with the various organic chemical and bacterial elements of his world. The success with which he is able to do this in his struggle to survive connotes innate factors of his personality determined by heredity. If he is overwhelmed death must follow; but if he has received through germ-plasm determiners a sound soma which leads to adequate metabolic balance in a broad sense, including ability to make adequate tissue reaction to foreign elements, bacterial or otherwise, then his chances for survival are improved. Subsequent environmental conditions in the sense of sanitation and hygiene will determine his further rise or fall in the sense of dependency and it is well worthy of note that in the present state of society such an hygienic environment while its efficiency for health may for a time depend upon seeming chance, yet ultimately, it will be determined by the individual's ability (or lack of ability) through psycho-somatic endowment to establish himself as an efficient economic unit. If he does not do so adequately he himself becomes a potential or actual sociologic liability; his environment becomes a social nuisance. The reasons for the development of such a condition depends then upon the many factors shown by this survey. The particular types of symptom-behavior accompanying the individual who is an economic failure, whether distinctly of a psycho-neurotic type ("insanity"), or a substitutive type (alcoholism and drugs), or an anti-social type (sex offenders, crimes against persons or property, vagrancy, anti-social grudges and vicarious criminal and dependent behavior) are all determined by deep subconscious motives in an individual constitutionally inadequate to meet the demands made upon him. All such acts of the individual indirectly leading to, or directly causal for the fact of dependency point to the failure of proper psycho-somatic reaction on the part of that personality to the world of reality. His biological mechanism was imperfectly developed and proved inadequate to the needs of life.

Modern research methods into the causes of dependency and anti-social conduct in the individual seem to point more and more to the conception of an inherent organ weakness in a broad sense. We have been accustomed for years to think of any disease or defect in the human body in terms more or less connoting a "physical disorder;" at the same time making a mental reservation that any disorder, disease or defect affecting mentality operated in a quite unrelated sphere.

The renaissance of pathological investigation and the real beginnings of the modern laboratory system in the middle of the last century was reflected in the case reports of mental disorders of that time, and hence we find great stress laid on searching for "the lesion." Modern brain anatomy had not yet come and the workers groped through the usual category of physical diseases searching for an eye-filling clue to the etiology of the mental disorder. In general it would seem as though all felt that each individual under treatment was essentially of equal organ development and that the various physical disorders had been acquired as distinct exogenous implants on soils similar for every patient. There was, indeed, a vague feeling that some were perhaps more prone than others to fall victims to this or that disease but these instances were disposed of usually on the hypothesis of faulty environment, "exposure," luck and what not.

The idea of a fairly definite inheritance in the form of a specific organ weakness and the consequent predisposition to break down under bacterial or other environmental strain had not been formulated.

There is now the practical possibility of prognosticating and delimiting in progeny at least the most prominent expected traits and trends, both mental and physical. This is to be done by making a study of the traits, trends, and organ weaknesses of the parents, and ascendants of the case in question; a study of make-up of two human mates and their ancestors whose organ status must be known. Organ status is used by us in the broad sense of meaning that all traits, colors, structure, trends and function of the organs of the human body in question are such that the whole works together in harmony of intercorrelation. When this inter-correlation is well balanced biologically we have

expressed adequate and wholesome physical reactions with concomitant adequate and wholesome mental reactions. This harmony of organ status reactions can well be connoted in terms of symptom-behavior useful to society. When such is the case we have the right to speak of a fully normal individual.

Let us think then of the organ called brain as being essentially of the same type and value as the other so-called "physical" organs of the body. The function of the brain is not "mind" alone. Brain may be thought of as the receiving, analyzing, deciding and sending station for all the varied stimuli which meet our perceptive physical apparatus. In addition to its functions relating to all external stimuli it has various reflex activities referred to it by the lower or primitive type of physiological functioning. Brain as "mind" has to do with the gradual development and utilization of all ideation which the individual gains by experience with reality. By daily assimilation of facts, associations of related things are created, and these in turn grouped into constellations. Thus we form distinct trends linking the thought now present in conscious awareness to other less obvious trends which have long been in the lower levels of consciousness or completely submerged in the subconscious but which are capable of being instantly aroused under proper stimulation. This stimulus must, however, be specific for that particular trend in order to arouse it; the whole reaction being postulated on the known ready ability for such a subconscious arousing of associated idea-trends. This instant and we may add, constant ability for trend linking hypothetically necessitates a constant state of mental tension in order that conscious awareness may be adequately aroused at the instant of presentation of the incoming stimulus whatever it may be. This ability then to adequately react under stimulus depends upon organ integrity, not only of brain but of all other organs, each an integral part of a whole physiological apparatus. In the final analysis the symptom-behavior which the individual shows represents adequate or inadequate organ reaction.

Organ weakness, as expressed in the lungs means lowered resistance to microbic invasion as well as diminished value as a problem in air-mechanics, all of which in the end probably

means tuberculosis and sociologic liability from that disease. On the other hand an unusual degree of organ strength means immunity from organ defect and acquired disease and, therefore, super-value as a genetic, physiological and sociological asset. Such end results as this illustration can be seen in practical affairs when we look up the histories of individuals and note the stock from which they came, their post-natal organ development, their reaction to "acquired disease," and their adaptability to environment.

We are too prone to think of inheritance as something which carries only the distressing facts of life and that any discussion of heredity and its relation to society must needs include only individuals showing all sorts of traits which lead them in the various paths towards dependency, due to mental or physical defect in adjustment to the demands of reality. It is, therefore, of equal importance to see how matings carrying determiners of high organ value develop families showing an extraordinary percentage of individuals high above the average, measured both in terms of biology and sociology. Unit characters for constructive citizenship are seen like glowing stars in the traits of the ancestors of such personalities as Robert E. Lee and Abigail Smith, wife of John Adams, president of the United States. The reading of analyses of such families is a refreshing antidote to such other families as the Jukes or our own Blank fraternity.

The possibility of transmitting traits which show themselves in symptom-behavior adequate or inadequate to the demands of any given environment gives insight into the necessity for intensively examining all those individuals who as the result of their "sick," odd, or anti-social conduct come to the attention of society, and are found both in and out of institutions. The activities of such individuals may thus be looked at in the light of end reactions of specific organ weaknesses laid down by heritable unit character traits and are to be *further* differentiated on the grounds of prenatal, and postnatal *acquired* disease, trauma, anatomical or functioning defect or other disorder.

The study of the stock from which the individual is derived deserves, then, the closest scrutiny and the main tendencies there ascertained will go far in helping us understand the further needs

of that individual in his relations as a unit to the community as a whole. An individual is born receiving from parents, as it were a "double inheritance." This "inheritance" is composed of and is divisible into unit characters each of which is "inherited" from ancestors more or less independently of all the rest of such units. A unit character may therefore, for the purpose of study be considered as a separate entity and may be transmitted in germ plasm without reference to other unit characters. The inheritance of any such unit character is believed to be dependent upon the presence in the germ plasm of a unit of biochemical substance called a "determiner." With reference to any given unit character this "determiner" in an individual may be dominant or recessive. A unit character is dominant when the presence of its determiner in the germ plasm is plainly manifest in the individual; e. g. black eye pigment is a dominant character. It is recessive when, owing to the lack of such specific determiner in the germ plasm, it is not present in the individual under consideration; e. g. blue eyes which are the result of *lack* of [determiner] pigment.

Dominant and recessive conditions of a unit character may be designated by the symbols D and R respectively. Thus the black pigment in eyes due to the presence of a determiner upon which the formation of the brown pigment depends is termed D, while the inheritance of blue eyes, due to the *lack* of the determiner for brown-eyed pigment in the germ plasm is termed R. As each person inherits from his two parents, therefore, it is seen that any person (personality) with reference to any of these unit characters may be expressed by the combination of the symbols, as DD (in which dominant unit characters are shown inherited from parents of similar type); DR where the dominant unit character (D) was inherited from one parent and recessive unit character (R) from another; RR when the recessive condition of a unit character was inherited from *both* parents. Where the progeny of parents is sufficiently large all these inherited characteristics will work out quite closely to a mathematical formula. For example, a DD mates with a DD which results in $DD \times DD$ equals DD. Therefore all the progeny will be of the DD type. When a DD mates with a DR the result is as $DD \times DR$ equals

DD plus DR, in other words 50 per cent of the progeny have all dominant DD characters, while 50 per cent appear as DR. (They — DR — appear normal but have the power of *transmitting* the recessive trait.) When DR mates with DR then $DR \times DR$ equals DD plus 2 DR plus RR which means that the progeny shows as 25 per cent DD (normal), 50 per cent DR (appear normal but capable of transmitting the recessive trait) and 25 per cent are RR (actually showing the recessive trait). The DR person is the one who in daily life appears normal, remains normal but can *transmit* recessive traits, and becomes the parents of progeny of unsatisfactory symptom-behavior. The RR person is the one who *shows* the defective traits. All studies seem to show that organ weakness on the developmental side is transmitted as a recessive unit trait for each organ or physiological organ group, including color, size and functioning quotient. When RR mates with RR we have $RR \times RR = RR$. Thus *all* the progeny will be RR. Thus two pure blue-eyed parents have only blue-eyed children. This principle is further exemplified when two well-marked imbeciles (RR) mate; all their progeny with mathematical certainty are defective. Mental defect is a recessive unit character trait.

This brief summary of the working out of the Mendelian Laws shows why certain families (all DD) never have any defective individuals; certain other families, (DD mated with DR or DR mated with DR) *apparently* normal people, have occasional defective types appearing (because at least one of such parents belong to the potentially dangerous DR type); and why some other families (DR mated to RR or still worse RR mated to RR) have regularly and consistently an excessive number of defective progeny (because the parents belong essentially to the RR type).

It must be remembered that traits are inherited as units. The great difficulty in carrying out such studies in inheritance with the human individual is that the number of unit characters received from ancestors is so great. Hence the combinations into which unit characters may be shuffled by matings and re-matings are almost unlimited. The infinite variety of unit character combinations possible has been figured out as well over the trillion mark and explains why no one individual is *exactly* like any other individual in the same family although related

subjects may show some identical unit characters as might be expected.

There is another fact which must be borne in mind and that is that determiners of a unit character trait may be strong or weak in the sense of an excess or lack of dominance and this furnishes the explanation as to why progeny do not always follow expectations which may be reasonably postulated from the unit characters of the parents.

Just here with these rather uncertain DR types, who appear normal but transmit traits that are so often socially undesirable, comes in the problem with which the public is particularly interested. Some of these individuals as a DR type will incline in symptom-behavior toward the defective (recessive) type through lack of dominance and others essentially DR or even RR will get along fairly well in life as to conduct through more or less excess of dominance of certain other desirable character units in their make-up. To put it in everyday language, these individuals represent the ones who are liable to become economic liabilities, dependents or criminals if left in a bad environment and in conditions which depress their mental and physical well-being. However, these same individuals will be able to get along if their mental and physical handicaps are noted and corrected, and their nutrition properly maintained in order to keep up the effectiveness of the physical machine. To this must be added the chance to work out their life problems under somewhat favorable circumstances. In other words an individual, let us say a member of a family with defective relatives, but he himself as yet not showing any marked tendency to follow in their footsteps, *may* be able to get along if he is given treatment for mental and physical disease or disorder and removed from any unfavorable environment and given scholastic and vocational training according to his capabilities so as to assist him in meeting the problems of his life.

The solution of such a case in terms of social values, therefore, lies — first, in the accurate determination of his individual possibilities; second, his possibilities determined we must next encompass his removal to an environment favorable to the further development of such possibilities and third, after having thus

given him *opportunity* for the highest possible training suited to his capabilities we must further make provisions for placing him out to live and work as a constructive economic unit in society, but who will be able to continue as such only under conditions of sociologic supervision.

We should, therefore, not look upon the asocial behavior of the mental or physical defective, the delinquent, or other sociologic failure as the result of a person acting through pure volition. The main trends of that personality were first laid down in the determiners of his germ plasm and then later as post-natal development of his personality continued these primary ingrained tendencies for specific organ failure with accompanying inadequate reactions in symptom-behavior in every sense were accentuated by the exigencies of his specific environment: "the world, the flesh and the devil." Proper and adequate adjustment of the whole human organism grows more and more difficult with the complexities of civilization. Failure to receive adequate satisfaction out of life promotes devious and imperfect compensatory reactions in seeking an outlet for these wish-trends, and we have resulting, cases of social inadequacy, psychoses and allied mental states on the one hand, and mental defect and delinquency and dependency on the other. There is among all these symptom-behavior types, a form best spoken of as the substitutive type of reaction, wherein a new and extraordinary form of mental activity is artificially substituted for the more logical, usual, or "normal" type of reaction which we ordinarily expect to see develop out of a given, definite situation. The substitutive type of reaction is typified by alcoholism and drug habits. These are "substitutes" in the sense of offering a means of escaping from situations that are difficult of solution and disagreeable to the personality. In a sense they are "the easiest way." They always represent bad methods of adjustment to the conflicts of life. They are never satisfactory adjustments and the continued use of such substitutes on the part of an individual means that he is unable to meet and handle the problems and conflicts of life and should be regarded as a case showing organ weakness in that sense and like all such cases is probably to be classed with the psychopathic types.

We see, therefore, that individuals do not show odd conduct, defective judgment or antisocial habits merely because of a whim, but rather that these symptoms represent deep and fundamental trends in the personality, the working out of which are quite outside the surface consciousness of the individual. These trends depend upon deviations in fundamental instincts. The constitutional deviations are again twisted by postnatal environmental stress. The fundamental instincts received their primal direction for good or ill from the presence or lack of determiners in unit characters received from ancestor germ plasm.

Workers in the sociological field must grasp the necessity of recognizing in the symptom-behavior of "patients" and "subjects" studied, the expression of these tendencies as they meet them in the individual defective, psychotic or dependent. Barring "the stings of an outrageous fortune" we must learn to think of such persons in terms of social material equipped with an inefficient plant. Those who by visitation of institutions see great numbers of individuals socially dependent from one cause or another must learn to differentiate these various types one from the other.

The simple defective is easily recognized by his lowered type of physical development (cranial malformations, etc.), intellectual deficiencies shown in whole or partial inability to protect and care for himself on the one hand, and the limitations for scholastic and vocational training on the other. A certain proportion of all those who for one reason or another become delinquent will show these same essential defects. They should be noted as factors in the causal constellation determining the odd, dependent or antisocial conduct which brought them into conflict with the canons of organized society. In the present state of civic organization we have to determine the delicate facts of heredity, plus constitutional make-up, plus environmental stresses which place such an individual definitely in the ranks of the mentally defective and which requires treatment from a medical and psychological standpoint; and to separate these types from those other delinquents whose reactions do not so readily indicate mental defect or psychoses but whose symptom-behavior must needs place them under the penalty of the courts; those of the

group classed to-day as criminals and who receive care in penal or "reformatory" types of institutions.

The type of reaction which in the individual leads to the living out of his own subconscious wishes, dramatized, the projection of his own thoughts, we speak of in terms of delusions and hallucinations with or without a consistent parallel emotional tone. Here we recognize the psychotic, the "insane," who is cared for in our State hospitals.

The dependent poor seem to present a less obvious problem but in reality the fundamental causes of the dependency seem largely analagous and can be found by applying the concept of underlying organ weakness. Certain of these organ tendencies seem to be almost racial in their scope, as for instance the high incidence of blood vessel disorder, early senescence and the like in certain peoples.

Organ weakness, then is a principle upon which we can formulate plans for the discrimination and classification of the socially inefficient. Each of the grand divisions, namely the mentally defective, the psychotic, the epileptic, the delinquent and the dependent must be placed either in institutions adapted by tradition and administrative methods for their proper and adequate care, or under suitable outside supervision. Let us think of them less as insane, feeble-minded, sick, pauper or criminal and learn to visualize them simply as human beings with an inadequate physiological mechanism on account of which they are unable to show competent symptom-behavior (conduct) and who thereby draw attention to their need for scientific medical and social help and enlightenment.

It is the wish of the State that each individual of these various types should receive the relief which he most needs. In addition to this idea of kindly care, protection and training, the State further desires a system of vocational training, after care and constant oversight in order that such of these individuals who are able and sufficiently competent to return to the outside world will have the best possible chance to regain an economic foothold. In considering the type of individual who best may be allowed this attempt at social rehabilitation, as when tried out "on parole," we must bear in mind the type and extent of his own particular organ weakness and, with our knowledge of the

persistence and transmittability of undesirable traits by mating, we should seek to keep such individuals in their matings from contaminating the strain of those who are the pillars of our everyday normal industrial life, and who show by their reasonable, adequate and balanced conduct that they have no outstanding defect in the sense of organ weakness. To these latter is the role of the standard bearers of advancing civilization.

The defectives of all classes are they who falter, stumble and fall. The inertia of such a mass is the *raison d'être* of the social worker, the Welfare Board and the Department of Public Charities everywhere. It is their work to see what can be done by broad vision and intensive detail planning to assist the body politic in the solution of these problems so far as humanly may be. Let us have broad vision for the needs of the coming generations. Let our handling of the daily small social or institution problem be based upon the *facing of facts* and the *determination of actualities*. This done we can move forward, confident of the resulting uplift to the community and the sense of happiness and internal satisfaction on the part of the patient-delinquent-dependent.

We have found in this survey the following *outstanding facts*. These are the things which are to be faced, the causes analyzed and the methods of relief from these social burdens built up on the sure ground of reasonable and seasoned knowledge.

We have shown in analyzing the heredity of our cases of dependency in State institutions that practically every such patient had ancestors who, as a whole group, demonstrated that they were capable of transmitting recessive unit character traits to progeny which determined defective, psychotic, epileptic, dependent or anti-social symptom-behavior. Further that it was by the shuffling of these recessive unit character traits in successive generations that the individual social worth or lack of worth for each person in that family group was determined and that this same shuffling of unit character traits was responsible for all ethnic, genetic and personal variations in each case. But of what value is this to everyday community problems? What has that to do with the tramp, the wastral, the sex offender, the woman depressed to the point of insanity by the death of her mother, the youthful

gangster in the slums, the child who is the disappointment of apparently highly endowed parents (the child of a DR mating), the paralytic in the almshouse, the town fool or the truant boy in the special ungraded class? What of the asocial recidivist who begins life in an orphan asylum ("cause — father alcoholic, deserted family"), who appears in an industrial school, in an institution for mental defectives, in a reformatory, again in the town jail, wandering off and on into the almshouse for, let us say, thinly disguised vagrancy or perhaps a more obvious cause such as paralysis. Because he is a repeater in jails why limit the term recidivist to the jail commitments. Let us see him in the light of the asocial recidivist, the type of the socially inadequate, the industrially inefficient, the physiologically abnormal. What do these reactions mean in homely incidents? Let us think of the man, who finds difficulty (through constitutional deviation) in making adjustment to the trials of life as found by him in the case of a tubercular wife, four small children needing food and his own small wage. He grows moody, abstracted, his production in the factory slows down, the foreman grows insistent on better returns, the man grows irritable, an uncomfortable feeling of internal mental tension develops which makes him unhappy, he feels "down on his luck." Can you not see such a man, limited by innate peculiarities of personal make-up turn to one of several inadequate courses in conduct, none of which is of value to either his family or the community. He may flee the uncomfortable situation altogether and disappear. Soon thereafter his family of children are listed in the orphan asylum annals under cause, "father deserted." Or the man may still be held to the spot by unrecognized subconscious motives of conventional training. To run away would be disgraceful to the personality but a substitute is imperatively demanded to gloss over the unhappy hours and so he becomes an alcoholic, steady, irregular or in cyclic sprees according to the demands of his subconscious longings, his conscious failures with his every day conflicts and his strength of affective inhibition as related to these problems. Then again we may see the family dependents, the children in institutions, and the record reads, cause: "father alcoholic." In still another way can the troubled but inadequate father react to the situation. He

feels that "the world is against him," he can make no headway. He sees others with money. He plans reprisal on the foreman and there follows an appearance in court with the verdict anything from assault and battery to murder. Or if his main trends have not developed so much in the direction of psychopathic persecution he may yet appear among the records of the anti-social as a criminal against property, the verdict reading anything from petit larceny to burglary. Thus can be glimpsed how that elusive thing, the main mental trend of the personality may, through extremely small variations in hereditary contributions, in personal development, physiological organ growth and environmental stress so influence final symptom-behavior that in the end results we may see all or any of the various so-called "causes" of dependency.

It is of little value to record such symptom-behavior as a "cause." We must study each case in the light of its own setting, development and ancestral soil. And this having been done, we should note the transmittable recessive unit characters potential for organ weakness, developmental defect and conduct of low value in the individual and finally remark every factor of environment which acts as a retarding or accelerating influence on that person's whole mentation. It is a large field, but by knowledge and systematization of effort we can arrange it and the net result will be an enormous increase of communal happiness and a decrease of sociologic liabilities.

Concerning environment a word may not be amiss in bringing to light the many varied factors which this phase of the causal group contains. Environment should be considered in the light of the *absolute total* of all that which makes up the world of reality in which we live. It embraces every possible factor in the world outside of the person's own body. It holds the mechanical, chemical, bio-chemical and biological forces which constantly are in contact with the mental and physical ego of the personality. The perceptive and receptive apparatus of the human body are constantly bombarded with the vibrations of light, heat, sound, and those coarser vibrations due to mechanical concussion. Chemically we combat the effect of many substances held in solution in the water we use to drink and bathe, as well

as all the other solids, semi-solids and liquids with which we come in contact, many of which are distinct "poisons" in excess. Some of these are used by us quite wrongly but yet with the full knowledge of their injurious effect, notably all forms of alcoholic beverages. Bio-chemical products from which we need protection reach us as the chemical products of organic (living) life; the excreta so to speak of the myriad types of life seen in the small or large forms of the animal and vegetable world. These things when microscopic in size, as the single cell type of organism, fall largely under the popular heading of "germs." Some are friendly varieties needed in the process of food assimilation and the breaking up of dead and useless organic matter; others are distinctly our enemies and unless the body is able to make an adequate biochemical reaction against them we have sickness coming on due to lack of resistance to bacterial invasion. Trauma or accident whereby one or more of our organs is injured and function thereby disordered with consequent disability and possible dependency ensuing may come "like a bolt from the blue" but in the vast majority of cases the ensemble of events and circumstances which led up to the accident are so dependent upon quick perception, adequate attention, competent judgment, proper decision and normally reacting reflex movements of defense or escape that the question of the subnormal individual and his high incidence as a victim of accidental trauma is at once brought to the fore. Thus it may be seen how the various environmental factors as to light, heat, mechanical violence, disease due to micro-organisms, and the industrial hazards of every day life are all a part of environment and each such hazard plays a specific and distinct role in forcing the personality to make constant and adequate physiological adjustment if life is to be retained. Furthermore all such adjustments are accompanied by the intellectual component of that individual's personality. He not only lives so to speak but *thinks* about it as he goes along. Thus his mental activities grow and are elaborated according to his developmental limitations. This has been going on from his earliest infant hours. Memory retains the perceptions which are in turn elaborated into the complicated group of associated ideas spoken of as a mental complex. The mental complex has always a strong feeling tone attached to it

which gives it the special value in the individual's mental life. Hence he learns through the storing up of related complexes the necessity, the danger, the pleasure, the desirability of doing certain things and of not doing certain other things; all of which as an end result adds to the safety, health, and best developmental possibilities of that particular person's whole self, body and mind, and assists his ego in the ultimate accomplishment of his deep subconscious wish-trends i. e. his ambitions in a broad sense. Thus it can be seen how the individual must not only brave the physical storms of environment but has also to analyze, delimit, fight and finally make an adequate reaction as a whole organism to all the mental processes and mental conflicts which have developed throughout the course of his whole life, i. e. his physical-physiological struggle with environment in its every phase. The socially adequate, they who are the normal, full, organ functioning individuals are able to wage this battle successfully. They gradually subdue and change unfavorable surroundings until they make their world of reality, safe, healthy, industrially efficient, and pleasing to the esthetic senses. Such is the meaning of constructive citizenship, economic efficiency; physical, mental, and social sanitation. The subnormal, however, is ever the victim of his own world. He sees dimly, perceives poorly, fails in judgment and cannot plan his way out of physical or mental difficulties. The subnormal citizen drifts into an environment which matches his own defects of personality. To such an extent is this true that a standardized rating of homes and work-places will, in its final analysis, express the mental rating of the individuals residing or working there with almost the same accuracy as though a mental examination had been made upon the individuals themselves. Sub-normals whether as intellectual defectives, psychotics or delinquent types do not as a rule seek the broad highways or the light. Those lacking in intelligence capacity drift into the lower levels of our social life and come to be the denizens of city slums; or establish themselves high in the hills or other inaccessible places in rural communities. The more active and higher types among them leave their more defective kin. The residue which remains is, therefore, composed of those of least social value and promise for that particular group. Hence their progeny show more and more evidence in symptom-behavior of gross intelligence defect,

affective deviation, lack of sex and social inhibition, all of which makes for an extremely low level of economic worth, with actual dependency a matter of time, accident or senility. The psychotic, suffering from any one of the various mental disorders, particularly those due to constitutional deviations has always found adjustment to reality hard to attain and for that reason withdraws from the society of his fellow men so far as he can manage it. This is vividly dramatized in his symptom-behavior and is believed to explain many oddities of conduct such as hermit-like procedures, and other symptoms of introversion such as extreme attention disorders, affective indifference and the like, wherein the patient may sit rigidly mute, with eyes closed and by various other mannerisms shut out reality in every possible way.

The delinquent or specifically anti-social type is, largely due to affective difficulties and usually some intelligence capacity deviation, unable to make adequate mental reaction to his world of reality, particularly in the sense of the social world. His difficulty may perhaps be spoken of as an inability to sense the meaning of reciprocity. His reactions in conduct give out nothing of constructive social value. Incidentally he makes use of society to satisfy the longings of an insistent but inadequate and imperfectly reacting ego. His subconscious motives are largely infantile in type and represent primitive longings demanding flat satisfaction. His needs, however, are none the less essentially the same in a broad way as all the other types of mental subnormals and psychopathic types. The cause for his specific delinquency must be sought in the same category of constitutional factors: i. e. character traits laid down in germ plasm by heredity and these deviations further moulded by post-natal environment, and the habits of thought dominated by the main trends of a psychopathic personality.

The subnormal in his appearance as a "poor person" is the same individual whom we have seen wandering through the wards and corridors of the orphan asylum, the institution for the mental defective, the hospital for the insane, the sanatoria for infectious diseases, the operating room for industrial accidents, the home for inebriates, the jail and the lowly village lock-up. He no doubt has been seen to thrust his neck and wrists through the public

stocks of our colonial ancestors. "Pauper," dreaded word in every land, has epitomized the dregs of failure and the Golgotha of constructive hope. From the cases previously reviewed it seems that pauperism must for the future be a problem of diagnosis and discrimination. If every case applying for public or private relief were passed through a district clinic for mental hygiene a decision could be made as to intelligence capacity, constitutional deviation, and acquired disease; and the medical, social and economic future mapped out on the sure ground of thorough understanding. The case in question would then be sent to that institution or community welfare organization where the special needs of the handicapped individual could be met, treatment instituted as necessary and a vocational program carried out. The wounded of the industrial world would thus be rejuvenated and assisted to help themselves. Those whose mental or physical condition required segregation would receive this treatment under enlightened and modern methods. Those who were capable of community life only when freed from the usual industrial and other environmental stresses would be able to reach such a supervised existence through the establishment of community vocational villages [under state control] where life may go on in a quite normal routine way but where a meager constructive effort will not be swamped by the competition of those of superior endowments. Such supervised villages should be the way stations between full citizen activities for normal persons, and institutional segregation for the more active pathological types. When through district clinics for mental hygiene we send the psychopathic man to the hospital for the insane, those of low intelligence capacity to the institution for mental defectives, the physically sick to the general hospital, the affective deviate and the anti-social delinquent to his proper place and the tubercular to the county sanatoria it is seen that there remains chiefly the senile, the chronic heart, blood-vessel, kidney cases, the alcoholic, the sex offending maternity cases, and those border-line delinquents who are represented by tramps, semi-vagrants, beggars and the wandering journeyman. These in turn are to go to those institutions or community villages best adapted to their needs and when all is done as we hope it may be some day, the "almshouse" and the

"pauper" will have disappeared. In the place of the almshouse will stand the community clinic, the hospitals adapted to care for every type of mental and physical defect or disorder and the vocational village for the socially handicapped. In the place of the "pauper" will appear the social patient who needed accurate diagnosis, discriminating placing and scientifically supervised after-care to help him at all times make adequate mental and physical adjustment to the world of reality, according to his innately defective, constitutionally crippled capacity whatever it may be.

The problem of sex offenders both male and female is one of popular education. When we remember the old unjust ideas about the sex question, and at the same time recall the rising of the new democracy of intellect, opportunity and universal suffrage we grasp the significance of the new day social declaration of morals which declares that in sex matter *both* the woman *and* the man are sex offenders. Sex offense and dependency may not seem closely related but the link becomes more evident when the role of the venereal diseases, particularly syphilis and gonorrhoea is reviewed. By referring to the section on the insane one sees certain figures of significance: particularly that of all men admitted to State hospitals for the insane, about one-quarter of the whole number is due to mental disease caused by syphilis alone. It goes without saying that practically every case of syphilis contracted by a man is acquired while he is playing his part as an actual and definite social sex offender. Shade of Adam and the apple! And of the woman who either as an open or clandestine sex offender — what of her? It may be answered that records in this office show that broadly speaking 30 per cent. of all such women are sex offenders from causes directly associated with intelligence capacity defect and the remainder are sex offenders, social intruders, family disrupters and often to their own undoing, tempters of Adam through mental deviations essentially due to affective deviation, affective imbalance, deficiency of inhibition and unstable variations in the sex quotient for the individual in question. It is a problem which *can* be figured out quite well if we set out to do it. The question

is simply one of educating public opinion up to the point where society will no longer speak in a negative way of sex "immorality" but rather will practice in a positive manner all that is meant by sex hygiene and social sanitation. With that day will end many of the problems of dependency relating to illegitimacy, the breeding of mental defectives and mental deviates. The subnormal person himself is the problem of social hygiene. There is no problem of dependency among those who are mentally and physically adequate — full functioning normals. The great war is being fought for the rights of mankind. The rights of mankind demand normal minds and bodies to guide and defend them. As a member of the social community in which we each reside it is possible to do our bit for the new democracy by acting out and living out the a b c of sanitary and moral hygiene.

But it will be argued that in handling all these problems of dependency we are dealing with adults: persons who are so settled in their ruts of inadequate behavior that reformation and change seems impossible. Let us answer that diagnosis and discrimination is nevertheless necessary in order that the future may be safeguarded and its social activities made more adequate than in our day. There remains, however, a great and vastly important field wherein our efforts will reap a sure success of economic and social value. This field is the child of school age. The main trends of personality are largely formed in the earlier years of life and the school is an all important agency, in assisting, directing and adding to these main trends of the child's mental life. Our studies have shown the findings in the cases of children who were retarded in their school work. It is self-evident that every child who is mentally or physically retarded in school work is a potential if not already an actual candidate for dependency. It is quite possible by scientific methods at even this present day to determine those who show intelligence capacity defect, affective deviations, mental deviations in the sense of potential psychoses and antisocial, sex offending, or delinquent conduct. But let us drop all the old terms which have been handed down to us from the Elizabethan days of rack and prison cell. Let us no longer say: "here is a little liar; there is a thief; there is an incorrigible child." *Let us find out just what particular defect of mind or body is keeping*

that child from reacting as society and his parents expect him to do. Let us make a real diagnosis of the condition and discriminate in our methods of future procedure. Let us realize that instead of sentimental talk and angry punishment administered at the hands of uncomprehending parents, guardians and teachers, what he needs is an analysis of the mental conflicts with which he (sub-consciously) finds himself unable to cope and which have shown themselves to the bewilderment of the family as queer, unexplainable oddities, freaks or definitely delinquent symptom-behavior. It should be the function of those in charge of the school classes containing retarded children to see that they receive such a diagnosis: that the mental defect or mental deviation or physical handicap is actually and adequately recognized. This done, the character, degree and extent of the scholastic education best suited to the child's needs should next be mapped out and at the same time, through special tests, the type of vocational training best adapted to the main trends of that child's personality determined.

Thus through the advancing years society will be able to inform itself, by the rate of progress of the handicapped child, just what position he will be able to occupy in his community group. Those who show pronounced defect will need institutional care and segregation. The institution will provide further means of specialized treatment and vocational possibilities. Segregation will protect both the patient and society from the dangers of illicit sex unions, unfortunate marriages and the propagating of defective offspring. Other children whose handicaps are less obvious may be able to get along in the community through vocational training enabling them to do that line of work best suited to their intellectual attainments and capacity. This will assist in obviating many heart-breaking failures which occur through the individual attempting a line of social activity for which he is not suited. The failures in such cases are simply the expression of a constitutional inability to make adequate reaction in *every* sense to the demands of reality. the demands of the work-a-day world as that subnormal personality find them. Let us emphasize then the all important need of early and accurate diagnosis and discriminating individual treatment.

training and vocational placing in the case of every child who shows any signs of mental or physical retardation while of school age.

The offices of the various State departments are piled high with the records of citizen activities, the good, the bad, the just and the unjust, the well, the sick, the constructive man and his dependent brother. It has been the pleasant duty of the Bureau of Analysis and Investigation, of the State Board of Charities, to make this attempt for the State of New York at analyzing the chief causes of dependency as found in a representative county of the State. An effort has been made to show *in terms of human behavior* the real meaning of many dry statistical figures, in the hope of performing a helpful service to the public.

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